


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000005500</b>	
<b>1. Entity Name</b> MAGDALENE CARNEY BAHAI INSTITUTE, INC.	

<b>Principal Place of Business</b> 6002 SUMMIT BLVD WEST PALM BEACH, FL 33415	<b>Mailing Address</b> 6002 SUMMIT BLVD WEST PALM BEACH, FL 33415
---	---

**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 65-0987442	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  CORNWELL, CHARLES C 7369 WESTPORT PLACE WEST PALM BEACH, FL 33413	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000122387 04/21/04-80027-008 61.25
---	---	---

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D CORNWELL, CHARLES C 7369 WESTPORT PLACE WEST PALM BEACH, FL 33413
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BAUMAN, RICHARD 3746 PINCKNEY ISLAND COURT JACKSONVILLE, FL 32224
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D GUCHANI-ROSENBERG, FARAH 4481 CAMROSE LANE WEST PALM BEACH, FL 33417
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BROWNSTEIN, TED 720 SNOWDEN DRIVE LAKE WORTH, FL 33461
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D STAFFORD, HARRIET 3407 SOUTHWEST 1ST WAY GAINESVILLE, FL 32601
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>Charles C. Cornwell</b>	<b>4/16/04</b>	<b>561-845-0123</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>