


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25317** (1)

1. Corporation Name

**THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF PALM BEACH COUNTY CENTRAL, INC.**



Principal Place of Business	Mailing Address
5835 DRYDEN RD P.O. BOX 5354 WEST PALM BCH FL 33466	5835 DRYDEN RD P.O. BOX 5354 WEST PALM BCH FL 33466-5354

2. Principal Place of Business	2a. Mailing Address
21 5835 Dryden Rd.	26 P.O. Box 5354
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 West Palm Beach	28 Lake Worth, FL
Zip	Zip
24 33415	29 33466-5354
Country	Country
25 Palm Beach	30 Palm Beach

3. Date Incorporated or Qualified	3a. Date of Last Report
03/10/1988	04/09/1996
4. FEI Number	Applied For
36-2470876 65-0726650	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BECKMON, JAMES EARL 5835 DRYDEN RD WEST PALM BEACH FL 33415	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVC	1.1 TITLE	S Rohani, Elizabeth
NAME	ROHANI, ELIZABETH	1.2 NAME	951 ARLINGTON DR
STREET ADDRESS	951 ARLINGTON DR.	1.3 STREET ADDRESS	W. Palm Beach, FL 33415
CITY-ST-ZIP	WEST PALM BEACH FL 33415	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	BECKMON, JAMES EARL	2.2 NAME	
STREET ADDRESS	5835 DRYDEN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	D Mona Steel
NAME	MASSEY, PAIGE	3.2 NAME	9935-4 Pineapple Tree Dr. #208
STREET ADDRESS	4114 SELBERG LANE	3.3 STREET ADDRESS	Boynton Beach, FL 33436-3529
CITY-ST-ZIP	LAKE WORTH FL 33461	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	T Saman Rohani
NAME	ROHANI, SAMAN	4.2 NAME	951 ARLINGTON DR.
STREET ADDRESS	951 ARLINGTON DR.	4.3 STREET ADDRESS	W. Palm Beach, FL 33415
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ANAICA, FEQUIERE	5.2 NAME	
STREET ADDRESS	5233 CANNONWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	D Evelyn Schultz
NAME	MASSEY, WILLIAM	6.2 NAME	4120 Kirkland Lane
STREET ADDRESS	4114 SELBERG LN	6.3 STREET ADDRESS	LAKE WORTH, FL 33461
CITY-ST-ZIP	LAKE WORTH FL FL 33416	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)