

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90027 025 ****61.25

DOCUMENT # N99000005500 1. Entity Name MAGDALENE CARNEY BAHAI INSTITUTE, INC.	
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Principal Place of Business 6002 SUMMIT BLVD WEST PALM BEACH, FL 33415	Mailing Address 6002 SUMMIT BLVD WEST PALM BEACH, FL 33415
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40001344



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0987442	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORNWELL, CHARLES C 7369 WESTPORT PLACE WEST PALM BEACH, FL 33413

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNWELL, CHARLES C 7369 WESTPORT PLACE WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, RICHARD 3746 PINCKNEY ISLAND COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUCHANI-ROSENBERG, FARAH 4481 CAMROSE LANE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNSTEIN, TED 720 SNOWDEN DRIVE LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, HARRIET 3407 SOUTHWEST 1ST WAY GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I 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 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.

SIGNATURE: Charles C. Cornwell Director 1.12.05 561 845-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #