

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90119 013 \*\*\*\*\*61.25

**DOCUMENT # N25317**

1. Entity Name

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



Principal Place of Business

**5835 DRYDEN RD  
WEST PALM BCH FL 33415  
US**

Mailing Address

**PO BOX 5354  
LAKE WORTH FL 33466-5354  
US**

**90012987**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0726650**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKMON, JAMES EARL**

**5835 DRYDEN RD**

**WEST PALM BEACH FL 33415**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **ROHANI, ELIZABETH**  
STREET ADDRESS **951 ARLINGTON DR.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete  
NAME **BECKMON, JAMES EARL**  
STREET ADDRESS **5835 DRYDEN ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **TV** ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS ☒ Change ☐ Addition  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **T** ☒ Delete  
NAME **JALALI, AMIN**  
STREET ADDRESS **11211 S MILITARY TRAIL**  
CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE **VD** ☐ Change ☒ Addition  
NAME **JACK Stearns JR.**  
STREET ADDRESS **1817 Highridge Rd.**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **C** ☐ Delete  
NAME **ROHANI, SAMAN**  
STREET ADDRESS **951 ARLINGTON DR.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete  
NAME **FAMILIE, TARINEH**  
STREET ADDRESS **4749 POSEIDON ARCE**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **FAMILIE, BAHRAM**  
STREET ADDRESS **4749 POSEIDON PL**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Elizabeth Beckmon*

**1-10-03 (56) 357-8082**

CR2E037 (10/02)