

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010524

**FILED**  
**Apr 17, 2013**  
**Secretary of State**  
**CC4376944445**

**Entity Name:** SPIRITUAL ASSEMBLY OF THE BAHAI'S OF KEY WEST, INC.

**Current Principal Place of Business:**

247 GOLF CLUB DRIVE  
KEY WEST, FL 33040

**Current Mailing Address:**

PO BOX 1784  
KEY WEST, FL 33041

**FEI Number: 65-0191928**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MROBERTS, WILLIAM J  
C/O 247 GOLF CLUB DRIVE  
KEY WEST, FL 33040 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DC  
Name MARCIAL, MANUEL J  
Address 3308 RIVIERA DR  
City-State-Zip: KEY WEST FL 33040

Title DS  
Name MARCIAL, MARINA C  
Address 247 GOLF CLUB DR  
City-State-Zip: KEY WEST FL 33040

Title DT  
Name MROBERTS, WILLIAM J  
Address 905B GRINNELL STREET  
City-State-Zip: KEY WEST FL 33040

Title D  
Name MARCIAL, INGE  
Address 3308 RIVIERA DRIVE  
City-State-Zip: KEY WEST FL 33040

Title D  
Name FOWLER, FRANCIS  
Address 41D 11TH STREET  
City-State-Zip: KEY WEST FL 33040

Title D  
Name WHITE, MABEL  
Address 800 EMMA ST, APT. 324  
City-State-Zip: KEY WEST FL 33040

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM J. MROBERTS**

**TREASURER**

**04/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date