

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004467

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHAI'S OF MARION COUNTY, FLORIDA, INC.

FILED
Apr 21, 2014
Secretary of State
CC7535794120

Current Principal Place of Business:

9920 SE 174 PL RD
SUMMERFIELD, FL 34491

Current Mailing Address:

PO BOX 770835
OCALA, FL 34477 US

FEI Number: 59-2995925

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUTCHENS, JOAN C
9920 SE 174 PL RD
SUMMERFIELD, FL 34491 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 RECORDING SECRETARY
Name STEPP, DEBORAH
Address 595 FAIRWAYS CIRCLE #A
City-State-Zip: Ocala FL 34472

Title CHAIRPERSON
Name HUTCHENS, ERIC C
Address 9920 SE 174 PL RD
City-State-Zip: SUMMERFIELD FL 34491

Title DIRECTOR
Name ROMAS, JOSEFINA
Address 1125 SW 123RD PLACE
City-State-Zip: Ocala FL 34473

Title TREASURER
Name HIRONO, YOSUKE
Address 80 SE 61ST CT
City-State-Zip: Ocala FL 34472

Title DIRECTOR
Name GRIFFIN, BARBARA
Address 8680 SW 94 LN UNIT E
City-State-Zip: Ocala FL 34481

Title DIRECTOR
Name LETBETTER, DON
Address 80 SE 61ST CT
City-State-Zip: Ocala FL 34472

Title DIRECTOR
Name REECE-HAMBLIN, ALMA
Address 16895 SE SUNNYBROOK CIR
City-State-Zip: THE VILLAGES FL 32162

Title CORRESPONDING SECRETARY
Name HUTCHENS, JOAN C
Address 9920 SE 174 PL RD
City-State-Zip: SUMMERFIELD FL 34491

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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: JOAN HUTCHENS

**CORRESPONDING
SECRETARY**

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LETBETTER, DON
Address 80 SE 61ST CT
City-State-Zip: Ocala, FL FL 34472-7932