

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004467

**FILED**  
**Apr 28, 2019**  
**Secretary of State**  
**6828275322CC**

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

**Current Principal Place of Business:**

9920 SE 174 PL RD  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

PO BOX 228  
SUMMERFIELD, FL 34491 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 DIRECTOR  
Name HUTCHENS, ERIC C  
Address 9920 SE 174 PL RD  
City-State-Zip: SUMMERFIELD FL 34491

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

Title ASST. TREASURER  
Name HIRONO, YOSUKE  
Address 13495 SE 93 CT  
City-State-Zip: SUMMERFIELD FL 34491

Title VICE CHAIRPERSON  
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

Title DIRECTOR  
Name HIRONO, ILENE  
Address 13495 SE 93 CT  
City-State-Zip: SUMMERFIELD FL 34491

Title TREASURER  
Name MILLER, CHARLES PHILLIP  
Address 53 PINE TRACE CRSE  
City-State-Zip: OCALA FL 34472

Title DIRECTOR, RECORDING SECRETARY  
Name SOSA, LEILY ANGELICA  
Address 16 OLIVE CIR.  
City-State-Zip: OCALA FL 34472

**Continues on page 2**

*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**

**04/28/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LAPP, ZAHRA  
Address        414 WATER RD  
City-State-Zip: Ocala FL 34472