2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 07, 2008 08:00 A Secretary of State **DOCUMENT # 703920** 1. Entity Name SPIRITUAL ASSEMBLY OF THE BAHA'IS OF NORTH DADE COUNTY, INC. Principal Place of Business Mailing Address 1820 N.W. 170TH STREET MIAMI GARDENS FL 33056 1820 N.W. 170TH STREET MIAMI GARDENS FL 33056 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 23-7268642 No: Applicable Country Zip Country Zib \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARDS, OSCAR J 1820 N.W. 170TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI GARDENS FL 33056 City 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tipe if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE GUINYARD, HAROLD NAME NAME U000000851169 1221 N.W. 175TH STREET STREET ADDRESS STREET ADDRESS 03/25/08-80028-002 61.25 MIAMI GARDENS FL 33169 CITY - ST - ZIP CITY-ST-ZIP ☐ Delate TITLE ☐ Change Addition PARMS-GRIER, ETHEL NAME NAME 15930 N.W. 17TH COURT STREET ADDRESS STREET ADDRESS MIAMI GARDENS FL 33054 CITY-ST-ZIP CITY-ST-ZIP THUE TITLE ☐ Delete Change Addition EDWARDS, OSCAR J JR. NAME NAME STREET ADDRESS 1820 N.W. 170TH STREET STREET ADDRESS MIAMI GARDENS FL 33056 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Hite Addition CLARKE, KEITH NAME NAME STREET ADDRESS 2908 N.W. 91ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP THE ☐ Deleta ☐ Change THE ■ Addition HAXTON, ALICE R NAME NAME 14755 GARDEN DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33168 CITY-ST-ZIP CITY+ST-ZIP Delete THE TITLE. Change ■ Addition NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Oscar / Elwards 3-4-08

if changed, or on an attachment with an address, with all other like empowered.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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