

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703920

FILED
Apr 17, 2009
Secretary of State

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHAI'S OF NORTH DADE COUNTY, INC.

Current Principal Place of Business:

1820 N.W. 170TH STREET
MIAMI GARDENS, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

1820 N.W. 170TH STREET
MIAMI GARDENS, FL 33056 US

New Mailing Address:

FEI Number: 23-7268642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, OSCAR J
1820 N.W. 170TH STREET
MIAMI GARDENS, FL 33056 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUINYARD, HAROLD
Address: 1221 N.W. 175TH STREET
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: D () Delete
Name: PARMS-GRIER, ETHEL
Address: 15930 N.W. 17TH COURT
City-St-Zip: MIAMI GARDENS, FL 33054 US

Title: D () Delete
Name: EDWARDS, OSCAR J JR.
Address: 1820 N.W. 170TH STREET
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: D () Delete
Name: CLARKE, KEITH
Address: 2908 N.W. 91ST STREET
City-St-Zip: MIAMI, FL 33147 US

Title: D (X) Delete
Name: HAXTON, ALICE R
Address: 14755 GARDEN DRIVE
City-St-Zip: MIAMI, FL 33168 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAXTON, ALICE R
Address: 14755 GARDEN DRIVE
City-St-Zip: MIAMI, FL 33168 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAROLD GUINYARD

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date