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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711569** (4)

1. Corporation Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

**3850 GALT OCEAN DR
APT. #602
FT LAUDERDALE FL 33308
US**

**PO BOX 4082
FT LAUDERDALE FL 33338-4082
US**



3. Date Incorporated or Qualified **10/05/1966** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0193916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHINDELER, CARLA
1550 SE 10 STREET
FT. LAUDERDALE FL 33316**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SCHINDELER, EDWARD	
STREET ADDRESS	1550 SE 10TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GOMES, SUE	
STREET ADDRESS	3850 GALT OCEAN DR. #602	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	MCBRIDE, FERN	
STREET ADDRESS	3850 GALT OCEAN DR. #1408	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOYYAD, SUNDRA	
1.3 STREET ADDRESS	4280 GALT OCEAN DR. APT. P12	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHINDELER, CARLA	
2.3 STREET ADDRESS	1550 S.E. 10 ST	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33316	
3.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VANDEVEN, JAMES	
3.3 STREET ADDRESS	250 S.W. 9 ST. APT. B	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33315	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CARLA C. SCHINDELER, TD** 4-28-97 954-525-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037711

CR2E037 (9/96)