

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 711569

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



Principal Place of Business
1550 S.E. 10TH STREET
FT LAUDERDALE, FL 33316 US

Mailing Address
PO BOX 4092
FT LAUDERDALE, FL 33338 US



01142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0193916

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MCBRIDE, FERN
STREET ADDRESS	3850 GALT OCEAN DR #1905
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	SD
NAME	SCHINDELER, CARLA
STREET ADDRESS	1550 S.E. 10 ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	SCHINDLER, EDWARD
STREET ADDRESS	1550 SE 10TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000242368
02/24/05-80085-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE Fern McBride FERN MCBRIDE

2-19-05 954-561-2965

SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE#