

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 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**



01092006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0193916

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 registrant agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
MCBRIDE, FERN
3850 GALT OCEAN DR #1905
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SCHINDELER, CARLA
1550 S.E. 10 ST
FT LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHINDLER, EDWARD
1550 SE 10TH ST
FORT LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

011100445070
03/07/06-80028-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fern McBride FERN MCBRIDE

2-20-06

954-561-2965

NAME DAYTIME PHONE #