

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2007 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	Mailing Address
1550 S.E. 10TH STREET FT LAUDERDALE, FL 33316 US	PO BOX 4092 FT LAUDERDALE, FL 33338 US



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0193916	Applied For Not Applicable
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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, 2007**

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000625211
02/14/07-80066-010 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fern McBride* FERN MCBRIDE

2-2-07 954-561-2965