

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90908 034 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>CD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>MCBRIDE, FERN</b>	
CITY-ST-ZIP	<b>3850 GALT OCEAN DR #1905 FORT LAUDERDALE FL 33308</b>	
TITLE NAME	<b>SD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>SCHINDELER, CARLA</b>	
CITY-ST-ZIP	<b>1550 S.E. 10 ST FT LAUDERDALE FL</b>	
TITLE NAME	<b>TD</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>GOMES, SUE E</b>	
CITY-ST-ZIP	<b>3850 GALT OCEAN DR # 602 FORT LAUDERDALE FL 33308</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>SCHINDELER, EDWARD</b>	
CITY-ST-ZIP	<b>1550 S.E. 10TH STREET FORT LAUDERDALE FL 33316</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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**

**4-12-03 954-561-2965**

CR2E037 (10/02)