FILE NOW: FILING FEE IS $61.25

FILED
Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725433** **(7)**

1. Corporation Name

SPIRITUAL ASSEMBLY OF THE BAHA'IS OF JACKSONVILLE, INC.

Principal Place of Business
2140 ST. JOHNS BLUFF ROAD S.
JACKSONVILLE FL 32246
US

Mailing Address
2140 ST. JOHNS BLUFF ROAD S.
JACKSONVILLE FL 32246-2310
US

3. Date Incorporated or Qualified: 01/01/1973
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 05-7990046 — 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**

VENUS, NAHID
824 WATERMAN RD., S.
JACKSONVILLE FL 32207

10. **Name and Address of New Registered Agent**

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VENUS, BAHMAN	1.2 NAME	
STREET ADDRESS	824 WATERMAM RD S	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHUSTER, KAREN	2.2 NAME	
STREET ADDRESS	13874 KETCH COVE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAKCSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, VICENTE	3.2 NAME	
STREET ADDRESS	528 LAZY MEADOW DR., E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CZERNIEJEWSKI, SHERRY	4.2 NAME	
STREET ADDRESS	2521 KELLOW CIRCLE W	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VENUS, NAHID	5.2 NAME	
STREET ADDRESS	824 WATERMAN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DUMBLETON, DUANE D	6.2 NAME	
STREET ADDRESS	5811 ATLANTIC BLVD, #17	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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: Nahid Venus (NAHID-VENUS) 2-6-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E037 (9/96)