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**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90026 012 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 725433**

1. Corporation Name

**SPIRITUAL ASSEMBLY OF THE BAHAI'S 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  
 US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/01/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-7990046
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENUS, BAHMAN	1.2 NAME	Bauman, Richard
STREET ADDRESS	824 WATERMAN RD S	1.3 STREET ADDRESS	3746 Pinckney Island Ct.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, KAREN	2.2 NAME	Czerniejewski, Sherry
STREET ADDRESS	13874 KETCH COVE DR	2.3 STREET ADDRESS	3830 University Blvd S #107
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32216
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, VICENTE	3.2 NAME	Ferguson, Vicentee
STREET ADDRESS	528 LAZY MEADOW DR., E.	3.3 STREET ADDRESS	528 Lazy Meadow Dr E
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville FL 32225
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZERNIEJEWSKI, SHERRY	4.2 NAME	Venus, Nahid
STREET ADDRESS	2521 KELLOW CIRCLE W	4.3 STREET ADDRESS	824 Waterman Rd S
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville FL 32207
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENUS, NAHID	5.2 NAME	Venus, Bahman
STREET ADDRESS	824 WATERMAN RD	5.3 STREET ADDRESS	824 Waterman Rd S
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	Jacksonville FL 32207
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMBLETON, DUANE D	6.2 NAME	Dumbleton, Duane
STREET ADDRESS	5811 ATLANTIC BLVD, #17	6.3 STREET ADDRESS	1625 Geraldine Dr
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville FL 32205

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-99 (904) 3962261

Date

Daytime Phone #

CR2E037 (11/98)

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