

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90085 009 ****70.00

DOCUMENT # 725433

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-7990046

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

CZERNIESEWSKI, SHERRY
3830 UNIVERSITY BLVD S, #107
JACKSONVILLE FL 32216

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

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
JABBERI, FARHAD
5565 JEREMY LANE
JACKSONVILLE FL 32257

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
CZERNIEJEWSKI, SHERRY
3830 UNIVERSITY BLVD S #107
JACKSONVILLE FL 32216

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
FERGUSON, VICENTEE
528 LAZY MEADOW DR E
JACKSONVILLE FL 32225

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
SCHUSTER, KAREN
13874 KETCH COVE DRIVE
JACKSONVILLE FL 32224

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
Ferguson, Yvonne
10023 Belle Rive #1314
JACKSONVILLE FL 32225

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
VENUS, BAHMAN
824 WATERMAN RD S
JACKSONVILLE FL 32207

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CD
Ferguson, Yvonne
10023 Belle Rive #1314
JACKSONVILLE FL 32225

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
LARBI, EDWARD
5442 CRESTA WAY
JACKSONVILLE FL 32211

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Sherry Czerniejewski **9/2/02** **904**
646-7813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/02)