

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004 08:00 AM
Secretary of State

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



07062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 05-7990046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CZERNIESEWSKI, SHERRY 3830 UNIVERSITY BLVD S, #107 JACKSONVILLE, FL 32216

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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: *Sherry Czerniejewski* DATE: *7/30/04*
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENUS, NAHID 824 WATERMAN RD. S. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CZERNIEJEWSKI, SHERRY 3830 UNIVERSITY BLVD S #107 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUMAN, RICHARD 3746 PINCKNEY ISLAND CT. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, YVONNE 10023 BELLE RIVE #1314 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VENUS, BAHMAN 824 WATERMAN RD S JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADJI, BAHIEH 12987 SPICEBERRY DR. JACKSONVILLE, FL 32246

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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* **SHERRY CZERNIEJEWSKI** DATE: *7/30/04* Day/Mo Phone # *904-646-9813*
Signature and typed or printed name of signing officer or director