

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90021 009 ****61.25

DOCUMENT # 725433	
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1. Entity Name SPIRITUAL ASSEMBLY OF THE BAHAI'S OF JACKSONVILLE, INC.	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00010436



02072005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent CZERNIESEWSKI, SHERRY 3830 UNIVERSITY BLVD S, #107 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name Czerniejewski (spelling correction only) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 2/7/05
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENUS, NAHID 824 WATERMAN RD. S. JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CZERNIEJEWSKI, SHERRY 3830 UNIVERSITY BLVD S #107 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUMAN, RICHARD 3746 PINCKNEY ISLAND CT. JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Carla Jones, Carla 974 Parkridge Cr W. Jacksonville FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD FERGUSON, YVONNE 10023 BELLE RIVE #1314 JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD 2014 Prince Albert Ct 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VENUS, BAHMAN 824 WATERMAN RD S JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CD Schuster, Karen 1348 Edgewood Ave S Jacksonville FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND NADJI, BAHIEH 12967 SPICEBERRY DR. JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* DATE 2/7/05 DAYTIME PHONE # 904-646-9813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR