

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 008 ****61.25

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**

50025843



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08122006

Chg-NP

CR2E037 (4/06)

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

**CZERNIEJEWSKI, 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

Sherry Czerniejewski

8/13/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

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 checked="" type="checkbox"/> Delete
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	D JONES, CARLA 974 PARKRIDGE CIR W JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERGUSON, YVONNE 2014 PRINCE ALBERT CT JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHUSTER, KAREN 1348 EDGEWOOD AVE S JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADJI, BAHIEH 12967 SPICEBERRY DR. JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASEMBE KABALI 464 BROCKHAM RD JACKSONVILLE FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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

8/13/06

904-730-8963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #