2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725433

FILED Feb 18, 2008 Secretary of State

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHA'IS OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business: 2140 ST. JOHNS BLUFF ROAD S. JACKSONVILLE, FL 32246 **Current Mailing Address: New Mailing Address:** 2140 ST. JOHNS BLUFF ROAD S. JACKSONVILLE, FL 32246 FEI Number: 05-7990046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, CARLA D 974 PARKRIDGE CIRCLE, WEST JACKSONVILLE, FL 32211 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ASHCHI, NADER VENUS, BAHRAM Name: Name: 3914 DEMERY DR. WEST Address: 2140 ST. JOHNS BLUFF ROAD S. Address: City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: JACKSONVILLE, FL 32246 Title: () Delete Title: () Change () Addition Name: JONES, CARLA D Name: Address: 974 PARKRIDGE CIRCLE, WEST Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: () Change () Addition LARBI, EDWARD Name: Name: Address: 5442 CRESTA WAY Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KABALI, MASEMBE Name: 464 BROCKHAM DR. Address: Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: Title: () Delete Title: () Change () Addition SCHUSTER, KAREN Name: Name: 1348 EDGEWOOD AVE S Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: Title: () Delete Title: () Change () Addition NADJI, BAHIEH Name: Name: Address: 12967 SPICEBERRY DR. Address: JACKSONVILLE, FL 32246 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NADER ASHCHI TREA 02/18/2008