

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90061 006 ****61.25

0001650

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE **T** ☒ Change ☒ Addition
NAME **VENUS, NAHID**
STREET ADDRESS **824 WATERMAN RD S**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

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

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

TITLE **VD** ☒ Change ☒ Addition
NAME **BAUMAN, RICHARD**
STREET ADDRESS **3746 PINCKNEY ISLAND CT**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **TD** ☐ Delete
NAME **FERGUSON, YVONNE**
STREET ADDRESS **10023 BELLE RIVE #1314**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **VENUS, BAHMAN**
STREET ADDRESS **824 WATERMAN RD S**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **NADSI, BAHIEH**
STREET ADDRESS **12967 SPICEBERRY DR**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

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 Czerniewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Czerniewski

8/29/03

904-646-9813

Date

Daytime Phone #

CR2E037 (4/03)