


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 726262 1. Entity Name SPIRITUAL ASSEMBLY OF THE BAHAI IS HILLSBOURGH COUNTY, FLORIDA, INC.	
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Principal Place of Business 9624 FOX HEARST RD TAMPA, FL 33647 US	Mailing Address PO BOX 851 BRANDON, FL 33509 US
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DO NOT WRITE IN THIS SPACE



03022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-2170876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHORSANDIAN, SHERIAR K
12029 HAZEN AVE
THONOTOSASSA, FL 33592

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEDING, BARBARA 510 KINGSWAY RD BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCHER, JOHN S 3402 MIDWAY RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, NANCY 9624 FOX HEARST ROAD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHORSANDIAN, SHERIAR K 12029 HAZEN AVE THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/19/07-80013-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Sheriar K Khorsandian March 6, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #