2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 726262

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHA' IS HILLSBOURGH COUNTY, FLORIDA, INC.

Current Principal Place of Business:

9624 FOX HEARST RD
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

12029 HAZEN AVE
THONOTOSASSA, FL 33592 US

New Mailing Address:

FEI Number: 36-2170876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHORSANDIAN, SHERIAR K
12029 HAZEN AVE
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	LOEDING, BARBARA	
Address:	510 KINGSWAY RD	
City-St-Zip:	BRANDON, FL	
Title:	D	( ) Delete
Name:	HATCHER, JOHN S	
Address:	3402 MIDWAY RD	
City-St-Zip:	PLANT CITY, FL 33565	
Title:	D	( ) Delete
Name:	EVANS, NANCY	
Address:	9624 FOX HEARST ROAD	
City-St-Zip:	TAMPA, FL	
Title:	D	( ) Delete
Name:	KHORSANDIAN, SHERIAR K	
Address:	12029 HAZEN AVE	
City-St-Zip:	THONOTOSASSA, FL 33592	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: SHERIAR K KHORSANDIAN D 01/21/2009

Electronic Signature of Signing Officer or Director — Date