

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:18

DOCUMENT # 730494 (2)

1. Corporation Name
SPIRITUAL ASSEMBLY OF THE BAHAI'S OF TAMPA, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P.O. BOX 18391 TAMPA FL 33679		P.O. BOX 18391 TAMPA FL 33679	

3. Date Incorporated or Qualified 08/21/1974	3a. Date of Last Report 03/14/1994
4. FEI Number 36-2170876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

HART, ARTHUR
713 WEST ORIENT
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name MARK PERRY
82 Street Address (P.O. Box Number is Not Acceptable) 5130 BERNARD CIRCLE, #140
83
84 City TAMPA FL 85 Zip Code 33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, for the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE * *[Signature]* DATE 2/22/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HART, ARTHUR
STREET ADDRESS	713 WEST ORIENT
CITY - ST - ZIP	TAMPA FL 33603
TITLE	SD
NAME	FARRELL, LESLIE
STREET ADDRESS	1512 S CAMERON CT
CITY - ST - ZIP	TAMPA FL 33629
TITLE	VD
NAME	WHELAN, KENNETH
STREET ADDRESS	4316 ZELLAR ST.
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	KHORSANDIAN-SANCHEZ, FAR
STREET ADDRESS	15903 CHESTERFIELD COURT
CITY - ST - ZIP	TAMPA FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK PERRY	
1.3 STREET ADDRESS	5130 BERNARD CIRCLE, #140	
1.4 CITY - ST - ZIP	TAMPA, FL 33617-4707	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIANA CARMONA	
2.3 STREET ADDRESS	212 WEST EUCLID AVE	
2.4 CITY - ST - ZIP	TAMPA, FL 33602-1301	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KHORSAND KHORSANDIAN	
3.3 STREET ADDRESS	15315 SANCTUARY DRIVE	
3.4 CITY - ST - ZIP	TAMPA, FL 33647	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual 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 majority or holder empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE: * *[Signature]* DATE 2/22/95 TITLE 989-8451