

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730494 (2)

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



Principal Place of Business  
~~P.O. BOX 10391~~  
TAMPA FL 33679

Mailing Address  
~~P.O. BOX 10391~~  
TAMPA FL 33679

3. Date Incorporated or Qualified: 08/21/1974  
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business  
21 P.O. Box 17241  
22 Suite, Apt. #, etc.: 1  
23 City & State: TAMPA, FL  
24 Zip: 33682-7241 25 Country: USA

2a. Mailing Address  
26 P.O. Box 17241  
27 Suite, Apt. #, etc.:  
28 City & State: TAMPA, FL  
29 Zip: 33682-7241 30 Country: U.S.A

4. FEI Number: 36-2170876  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
~~PERRY, MARK~~  
5130 BERNARD CIRCLE #140  
TAMPA FL 33617

10. Name and Address of New Registered Agent  
81 Name: HEMMAT, Norma  
82 Street Address (P.O. Box Number is Not Acceptable): 15926, DAWSON RIDGE DR  
83  
84 City: TAMPA FL 85 Zip Code: 33647

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 617.0503, Florida Statutes.

SIGNATURE: \* Norma Y Hemmat (NOTE: Registered Agent signature required when reinstating) DATE: 2/19/96

12. OFFICERS AND DIRECTORS

|                 |                          |  |
|-----------------|--------------------------|--|
| TITLE           | PD                       | <input checked="" type="checkbox"/> DELETE |
| NAME            | PERRY, MARK              |  |
| STREET ADDRESS  | 5130 BERNARD CIRCLE #140 |  |
| CITY - ST - ZIP | TAMPA FL                 |  |
| TITLE           | SD                       | <input checked="" type="checkbox"/> DELETE |
| NAME            | CARMONA, DIANA           |  |
| STREET ADDRESS  | 212 WEST EUCLID AVE      |  |
| CITY - ST - ZIP | TAMPA FL                 |  |
| TITLE           | VD                       | <input checked="" type="checkbox"/> DELETE |
| NAME            | KHORSANDIAN, KHORSAND    |  |
| STREET ADDRESS  | 15815 SANCTUARY DR       |  |
| CITY - ST - ZIP | TAMPA FL                 |  |
| TITLE           | TD                       | <input type="checkbox"/> DELETE            |
| NAME            | KHORSANDIAN-SANCHEZ, FAR |  |
| STREET ADDRESS  | 15903 CHESTERFIELD COURT |  |
| CITY - ST - ZIP | TAMPA FL                 |  |
| TITLE           |                          | <input type="checkbox"/> DELETE            |
| NAME            |                          |  |
| STREET ADDRESS  |                          |  |
| CITY - ST - ZIP |                          |  |
| TITLE           |                          | <input type="checkbox"/> DELETE            |
| 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            | HEMMAT, Norma           |  |
| 1.3 STREET ADDRESS  | 15926 Dawson Ridge Dr   |  |
| 1.4 CITY - ST - ZIP | TAMPA, FL. 33647        |  |
| 2.1 TITLE           | SD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | PERRY, MARK             |  |
| 2.3 STREET ADDRESS  | 306-B W. NORTH STREET   |  |
| 2.4 CITY - ST - ZIP | TAMPA, FL. 33604        |  |
| 3.1 TITLE           | VD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | HEMMAT, Amrollah        |  |
| 3.3 STREET ADDRESS  | 15926, DAWSON RIDGE DR, |  |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \* Norma Y Hemmat (813) 632-8615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)