

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-14-2002 90066 045 ****61.25

DOCUMENT # 730494

1. Entity Name

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

Principal Place of Business

P.O. BOX 17241
TAMPA FL 33682-7241
US

Mailing Address

P.O. BOX 17241
TAMPA FL 33682-7241
US

26270



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-2170876

Applied For
Not Applicable

Zip

Country

Zip

Country

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

Name

HEMMAT, NORMA

15926 DAWSON RIDGE DRIVE

TAMPA FL 33847

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.

SIGNATURE

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

Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VCD
NAME JORDAN-HOLMES, CLARK
STREET ADDRESS 1302 W CHARTER STREET
CITY-ST-ZIP TAMPA FL 33602

TITLE CD
NAME Farah K-Sanchez
STREET ADDRESS 15903 CHESTERFIELD CT
CITY-ST-ZIP TAMPA, FL 33647

TITLE CD
NAME HEMMAT, NORMA
STREET ADDRESS 15926 DAWSON RIDGE DR
CITY-ST-ZIP TAMPA FL 33847

TITLE VCD
NAME TRISHA IRONS
STREET ADDRESS 4711 ESTRELLA
CITY-ST-ZIP TAMPA FL 33629

TITLE SD
NAME KHORSANDIAN, TARANEH
STREET ADDRESS 15414 PLANTATION OAKS DR #15
CITY-ST-ZIP TAMPA FL 33647

TITLE T
NAME TRESURER
SHIRIN KHORSANDIAN
STREET ADDRESS 6140 CORAL BAY ROAD
CITY-ST-ZIP TAMPA, FL 33647

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CITY-ST-ZIP

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:

Farah K-Sanchez, 3/3/02 (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Farah K-Sanchez, 3/20/02

CR2E037 (9/01)