

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730494

FILED  
Sep 05, 2006  
Secretary of State

**Entity Name:** SPIRITUAL ASSEMBLY OF THE BAHAI'S OF TAMPA, FLORIDA, INC.

**Current Principal Place of Business:**

15903 CHESTERFIELD CT  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

15903 CHESTERFIELD CT  
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number:** 36-2170876      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HEMMAT, NORMA  
15926 DAWSON RIDGE DRIVE  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

IRONS, TIRSHA L  
4711 W ESTRELLA ST.  
TAMPA, FL 33629 US

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: TRISHA L. IRONS

09/05/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VCD ( ) Delete  
Name: KHORSAUDIAN-SANCHEZ, FARAH  
Address: 15903 CHESTERFIELD CT  
City-St-Zip: TAMPA, FL 33647

Title: CD ( ) Delete  
Name: IRONS, TRISHA L  
Address: 4711 ESTRELLA  
City-St-Zip: TAMPA, FL 33629

Title: S ( ) Delete  
Name: HEMMAT, NORMA  
Address: 15926 DAWSON RIDGE DR  
City-St-Zip: TAMPA, FL 33647 US

Title: T ( ) Delete  
Name: ALEXANDER, GARY  
Address: 4711 ESTRELLA ST  
City-St-Zip: TAMPA, FL 33629

**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 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: GARY W. ALEXANDER

TRES

09/05/2006

Electronic Signature of Signing Officer or Director

Date