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NONPROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #

734073

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SPIRITUAL ASSEMBLY OF THE BAHA'IS OF ORLANDO, FL ORIDA, INC.

Principal Place of Business Mailing Address 1229 HILLCREST STREET 1229 HILLCREST STREET ORLANDO FL 32803 ORLANDO FL 32803 3. Date Incorporated or Qualified 3a. Date of Last Report 10/15/1975 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1668465 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No Zip Country Z_{10} Country 29 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable **CRAIG. FRANCES** 82 1229 HILLCREST STREET 83 ORLANDO FL 32803 84 City 85 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 11 TITLE Change Addition TITLE NAME GRIFFIN, BARBARA 12 NAME aram arz 1926 Brenda STREET ADDRESS 1327 ROSCOMARE AVE. 13 STREET ADDRESS 32812 CITY-ST-ZIP ORLANDO, FL 00000 14 CHY-ST-ZIP Change Addition ☐ DELETE TITLE 21 THILE NAME DELPAK, RAMZI 22 NAME Camel Delp4 2.3 STREET ADDRESS STREET ADDRESS 812 WAVECREST CT. wave or CITY-ST-ZIP ORLANDO, FL 00000 2 4 CITY - ST- ZIP DELETE TITLE 3 1 TITLE SADRI, LIDA 3.2 NAME NAME adan Del STREET ADDRESS 4926 BRENDA DR 3.3 STREET ADDRESS ware in ORLANDO, FL 00000 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE 4.1 TITLE SD NAME CRAIG, FRANCES 4. 2 NAME STREET ADDRESS 709 EUCLID AVE 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ORLANDO, FL 00000 Addition DELETE 5.1 TITLE TITLE DC 5.2 NAME NAME da Sadri SADRI, FARAMARZ 5.3 STREET ADDRESS ac Brei STREET ADDRESS 4926 BRENDA DR. CITY - ST-ZIP ORLANDO, FL 00000 5 4 CITY-ST-ZIP DELETE 6171716 TITLE. NAME DELPAK, LADAN 6.2 NAME STREET ADDRESS **812 WAVECREST ST** 6.3 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 00000 6 4 CITY - ST - ZIP 14. Ido 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

SIGNATURE:

Lada Delpal Secretary

Shature and typed of Printed Name of Signing Officer on Director

1/30/94 381-4272

CR2E037 (12/95)