FILE NOW: FILING FEE IS $61.25

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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **734073** **(0)**

1. Corporation Name

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

Principal Place of Business	*Mailing Address*
1229 HILLCREST STREET ORLANDO FL 32803	1229 HILLCREST STREET ORLANDO FL 32803-4707

3. Date Incorporated or Qualified: 10/15/1975
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1668465 ☐ 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

LADAN DELPAK
1229 HILLCREST STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Ladan Delpak
82 Street Address (P.O. Box Number is Not Acceptable): 1229 Hillcrest St
83
84 City: Orlando FL 85 Zip Code: 32807

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: Ladan Delpak, Secretary — 5/5/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FARAMORZ SADRI		1.2 NAME		
STREET ADDRESS	4926 BRENDA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAMZI DELPAK		2.2 NAME		
STREET ADDRESS	812 WAVECREST CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LADAN DELPAK		3.2 NAME		
STREET ADDRESS	812 WAVE CREST DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CRAIG, FRANCES		4.2 NAME		
STREET ADDRESS	709 EUCLID AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LIDA SADRI		5.2 NAME	Shahla Mohajer	
STREET ADDRESS	4926 BRENDA DR.		5.3 STREET ADDRESS	5037 Nadine St.	
CITY-ST-ZIP	ORLANDO, FL 00000		5.4 CITY-ST-ZIP	Orlando, FL 3207	
TITLE	D	☒ DELETE	6.1 TITLE	DT	☐ Change ☒ Addition
NAME	FRANCES CRAIG		6.2 NAME	NASSER MOHAJER	
STREET ADDRESS	1229 HILL CREST ST		6.3 STREET ADDRESS	5037 Nadine St	
CITY-ST-ZIP	ORLANDO, FL 00000		6.4 CITY-ST-ZIP	Orlando FL 3207	

CR2E037 (9/96)

14. I do 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 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: Ladan Delpak REQUIRED — 5/05/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0016247