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**May 04, 1999 8:00 am**
**Secretary of State**
05-04-1999 90167 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # 734073

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

| Principal Place of Business | Mailing Address |
|---|---|
| 1229 HILLCREST STREET<br>ORLANDO FL 32803 | 1229 HILLCREST STREET<br>ORLANDO FL 32803 |

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)

3. Date Incorporated or Qualifed: 10/15/1975

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

9. Name and Address of Current Registered Agent

ROSARIO, LIZ
1229 HILLCREST ST.
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: David Maurice
82 Street Address (P.O. Box Number is Not Acceptable): 6176 Raleigh St., #213
83
84 City: Orlando FL 85 Zip Code: 32835

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: David Maurice, Secretary — 5/25/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>KAVELIN, JOHN H<br>715 FLORIDA STREET<br>ORLANDO, FL 00000 32806 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | DC<br>Sadri, Faramarz<br>1318 S. Conway Rd.<br>Orlando, FL 32812 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVC<br>SADRI, FARAMARZ<br>1318 S CONWAY ROAD<br>ORLANDO, FL 00000 32812 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | DVC<br>Mohajer, Nasser<br>5037 Nadine St.<br>Orlando, FL 32807 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ROSARIO, LIZ D<br>306 LAKEVIEW STREET<br>ORLANDO, FL 00000 32804 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | SD<br>Maurice, David<br>6176 Raleigh St., #213<br>Orlando, FL 32835 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CRAIG, FRANCES<br>709 EUCLID AVE<br>ORLANDO, FL 00000 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOHAJER, SHAHLA<br>5037 NADINE ST<br>ORLANDO, FL 00000 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | T | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>SADRI, LIDA<br>4926 BRENDA DRIVE<br>ORLANDO FL 32812 | ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>Holling, Farangis<br>4506 Rockledge Rd.<br>Orlando, FL 32807 | ☐ Change ☒ Addition |

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Frances A. Craig SIGNATURE REQUIRED — 4-29-99 — 407-422-9642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #