

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

01-21-2005 90081 034 ****61.25

DOCUMENT # 734073					
1. Entity Name SPIRITUAL ASSEMBLY OF THE BAHAI'S OF ORLANDO, FLORIDA, INC.					
Principal Place of Business 1229 HILLCREST STREET ORLANDO, FL 32803			Mailing Address 1229 HILLCREST STREET ORLANDO, FL 32803		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1668465	
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		
MOHAJER, SHAHLA 5037 NADINE STREET ORLANDO, FL 32807			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Shahla Mohajer</u> 1-19-05 Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE DC NAME MOHAJER, NASSER STREET ADDRESS 5037 NADINE ST CITY-STATE-ZIP ORLANDO, FL 32807	☐ Delete				
TITLE DVCT NAME WOESSNER, HANK STREET ADDRESS 832 N. SUMMERLINE AVE CITY-STATE-ZIP ORLANDO, FL 32803	☒ Delete				
TITLE SD NAME MOHAJER, SHAHLA STREET ADDRESS 5037 NADINE STREET CITY-STATE-ZIP ORLANDO, FL 328071333	☐ Delete				
TITLE D NAME OSORIO, NABIL STREET ADDRESS 9218 NORTHLAKE PARKWAY CITY-STATE-ZIP ORLANDO, FL 32827	☐ Delete				
TITLE D NAME HOLLING, FARANGIS STREET ADDRESS 4508 ROCKLEDGE RD CITY-STATE-ZIP ORLANDO, FL 32807	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE DC NAME MOHAJER NASSER STREET ADDRESS 5037 NADINE ST CITY-STATE-ZIP ORLANDO, FL 32807	☐ Change ☐ Addition				
TITLE DVCT NAME OWRANG KASHEF STREET ADDRESS 8891 POLISADES BEACH AVE CITY-STATE-ZIP ORLANDO, FL 32829	☒ Change ☐ Addition				
TITLE SD NAME MOHAJER, SHAHLA STREET ADDRESS 5037 NADINE ST CITY-STATE-ZIP ORLANDO, FL 32807	☐ Change ☐ Addition				
TITLE D NAME OSORIO, NABIL STREET ADDRESS 9218 NORTHLAKE PARKWAY CITY-STATE-ZIP ORLANDO, FL 32827	☐ Change ☐ Addition				
TITLE D NAME HOLLING, FARANGIS STREET ADDRESS 4508 ROCKLEDGE RD CITY-STATE-ZIP ORLANDO, FL 32807	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
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: <u>SHAHLA MOHAJER</u> 1-19-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66002350



01192005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1668465

Applied For
Not Applicable

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

MOHAJER, SHAHLA
5037 NADINE STREET
ORLANDO, FL 32807

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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SIGNATURE Shahla Mohajer 1-19-05
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
DC
NAME
MOHAJER, NASSER
STREET ADDRESS
5037 NADINE ST
CITY-STATE-ZIP
ORLANDO, FL 32807

TITLE
DC
NAME
MOHAJER NASSER
STREET ADDRESS
5037 NADINE ST
CITY-STATE-ZIP
ORLANDO, FL 32807

TITLE
DVCT
NAME
WOESSNER, HANK
STREET ADDRESS
832 N. SUMMERLINE AVE
CITY-STATE-ZIP
ORLANDO, FL 32803

TITLE
DVCT
NAME
OWRANG KASHEF
STREET ADDRESS
8891 POLISADES BEACH AVE
CITY-STATE-ZIP
ORLANDO, FL 32829

TITLE
SD
NAME
MOHAJER, SHAHLA
STREET ADDRESS
5037 NADINE STREET
CITY-STATE-ZIP
ORLANDO, FL 328071333

TITLE
SD
NAME
MOHAJER, SHAHLA
STREET ADDRESS
5037 NADINE ST
CITY-STATE-ZIP
ORLANDO, FL 32807

TITLE
D
NAME
OSORIO, NABIL
STREET ADDRESS
9218 NORTHLAKE PARKWAY
CITY-STATE-ZIP
ORLANDO, FL 32827

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D
NAME
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TITLE
D
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HOLLING, FARANGIS
STREET ADDRESS
4508 ROCKLEDGE RD
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ORLANDO, FL 32807

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SIGNATURE: SHAHLA MOHAJER 1-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #