

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 16 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737901 (9)

1. Corporation Name

**SPIRITUAL ASSEMBLY OF THE BAHAI'S OF CENTRAL DAD
E COUNTY, INC.**

Principal Place of Business

Mailing Address

P O BOX 560554
P.O. BOX 560554
MIAMI FL 33256-554
US

P O BOX 560554
P.O. BOX 560554
MIAMI FL 33256-054
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0196354	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 560554
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 MIAMI FL
24 Zip	29 33256-0554
25 Country	30 Country

9. Name and Address of Current Registered Agent

**MOO, ANDREW T.
11955 SW 66TH AVE.
MIAMI, FL
33156**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD
NAME	VOJDANI, BIJAN	1.2 NAME	ROTH, MARTIN
STREET ADDRESS	7780 SW 90 ST K-3	1.3 STREET ADDRESS	8610 SW 20TH ST, MIAMI, FL 33155
CITY - ST - ZIP	MIAMI, FL 00000	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	SD
NAME	MOO, ANDREW T.	2.2 NAME	
STREET ADDRESS	11955 SW 66TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	HENRY, JAMES	3.2 NAME	VOJDANI, BIJAN
STREET ADDRESS	14341 POLK ST	3.3 STREET ADDRESS	10560 SW 129TH CT, MIAMI, FL 33186
CITY - ST - ZIP	MIAMI, FL 00000	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	SAVITT, GEORGE	4.2 NAME	KALLAY, PETER
STREET ADDRESS	11355 SW 84TH ST. #301	4.3 STREET ADDRESS	14115 SW 66TH ST, I-8, MIAMI, FL 33183
CITY - ST - ZIP	MIAMI, FL 00000	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	(not currently a director)
NAME	BROCIUS, LEE	5.2 NAME	
STREET ADDRESS	7722 CAMINO REAL E-303	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Andrew T. Moo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-95

305-237-2893

DATE

PHONE NUMBER