

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741361 (0)

1. Corporation Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF GREATER GAINESVILLE, FLORIDA, INC.

Principal Place of Business

6809 NW 48 Lane
5519 N.W. 91ST BLVD
GAINESVILLE FL 32606-2871

Mailing Address

6809 NW 48 Lane
5519 N.W. 91ST BLVD
GAINESVILLE FL 32606-2871



3. Date Incorporated or Qualified
01/16/1978

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2998439

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

DARABI, FARHANG

5519 N.W. 91 BLVD

GAINESVILLE FL 32606

32653

New Address

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

6809 NW 48 Lane

83

84 City

Gainesville

FL

85 Zip Code

32653

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

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 **SD** ☐ DELETE

NAME **TAYLOR, NIKKI**
STREET ADDRESS **8322 S.W. 5TH PLACE**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE

NAME **MELLMAN, SIMA**
STREET ADDRESS **5907 N.W. 57 WAY**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE **V** ☐ DELETE

NAME **HEATH, ANNE**
STREET ADDRESS **7301 W UNIVERSITY #75**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE **PD** ☐ DELETE

NAME **DARABI, FAHRANG**
STREET ADDRESS **5519 NW 91 BLVD**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE **TD** ☐ DELETE

NAME **DARABI, TARANEH**
STREET ADDRESS **5519 NW 91 BLVD**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE

NAME **MELLMAN, RICHARD**
STREET ADDRESS **5907 NW 57TH WAY**
CITY - ST - ZIP **GAINESVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Taraneh Mellman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96
Date

(353) 3774616
Daytime Phone #

CR2E037 (12/95)