FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741361

(0)

SPIRITUAL ASSEMBLY OF THE BAHA'IS OF GREATER GAI NESVILLE, FLORIDA, INC.

Principal Place	e of Business	Mailing Address				T COUNT TOWN OLD I INDIA EINE BY OF STON ALON DE DIE ONES ON IN GARN ALON ALON			
6809 NW 48 LAI	VÉ	6809 NW 48 LANE							
GAINESVILLE FL 32606-2871		GAINESVILLE FL 32653-3953							
US		US				3. Date Incorporated or Qualified 01/16/1978	3e. Date 03,	of Last Re /05/199	aport 6
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	4	Ap	plied For
21		26			1984	59-2998439 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 <i>^</i>		
22		27					Fee Re	· · · · · · · · · · · · · · · · · · ·	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Z ip	Country	28	Cou	intry		<u> </u>			
24	25	29	30	, y		8. This corporation has liability for in	Yes		188.032,
	9, Name and Address of Curre		1001	Г		10. Name and Address of New Reg		ent	
			·	81	Name				
DARABI, FARHANG				82 Street Address (P.O. Box Number is Not Acceptable)					
	48 LANE		Silver Add						
GAINESV	7LLE FL 32653			83					
				84	City			85 Zip (Code
							<u> </u>		
11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the Stat	02 and 617,1508, Florida Statu e of Florida. Such change was	tes, the al authorize	bove d by	the corporation	oration submits this statement for the pa on's board of directors. I hereby accep	rpose of cl	nanging it ntment as	s registered registered
agent. I a	m familiar with, and accept the obliq	gations of, Section 617.0503, FI	orida Stat	lutes	١.				
SIGNATURE	Signature, typed or printed name of registered as	0.00	(C. D1-1-		National Control	od when reinstating)	DATE		
12.		ND DIRECTORS	13.	u Age	is signature require	ADDITIONS/CHANGES TO OFFIC		IRECTOR	S IN 12
TITLE	SD	☐ DELETE	1.1 Tí	TLE				Change	Addition
NAME	TAYLOR, NIKKI		1.2 N	AME					
STREET ADDRESS	8322 S.W. 5TH PLACE		1.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		1.4 0	TY-S	1-ZIP				
TITLE	D	☐ DELETE	2.1 T	TLE				Change	☐ Addition
NAME	MELLMAN, SIMA		2.2 N	AME					
STREET ADDRESS	5907 N.W. 57 WAY		2.3 \$1	TREET	ADDRESS				
CITY - ST - ZIP	GAINESVILLE FL	7710			ST-ZIP				
TITLE	V	☐ DELETE	3.1 TI	-		C D	Į.	Change	Addition
NAME	HEATH, ANNE		3.2 N						
STREET ADDRESS	7301 W UNIVERSITY #75		•		ADDRESS				
CITY - ST - ZIP	GAINESVILLE FL	DELETE			ST-ZIP	N		Change	Addition
TITLE NAME	PD Darabi, Fahrang	Land DECETE	41 TI 4. 2 N	_			•	n change	LI Addition
STREET ADDRESS	5519 NW 91 BLVD				ADDRESS	6809 NW 48	Ano.		
CHY-ST-ZIP	GAINESVILLE FL		4.4 CI		7				
TITLE	TD	DELETE	5.1 TI	_			7	Change	Addition
NAME	DARABI, TARANEH		5.2 N	AME			144-	•	
STREET ADDRESS	5519 NW 91 BLVD		5.3 \$	TREET	ADDRESS	6809 NW 481	ane		
CITY - ST - ZIP	GAINESVILLE FL				T-ZIP				
TITLE	D	☐ DELETE	61 TI	ITLE				Change	Addition
NAME	MELLMAN, RICHARD		6.2 N	AME					
STREET ADDRESS	5907 NW 57TH WAY		6.3 \$	TREET	ADDRESS				
מוד גם עדום	GAINESVILLE EL			IT4 C	7 7/0				

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: JAMEL JAMES OF SIGNING OFFICER OR DIRECTOR Date (3524-3770-96)

FILED
Jan 22 1997 8:00am
Secretary of State

