FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 741361

GAINESVILLE FL 32653

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

Principal Place of Business Mailing Address						-				
6809 NW 48 LANE GAINESVILLE FL 32606-2871 US		6809 NW 48 LANE GAINESVILLE FL 32806-2871 US								
2. Principal Pla	ice of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 01/16/1978				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4.	FEI Number 59-2998439		Applied For Not Applical	
City & State		City & State				5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip	Country	Zip 29	Co.	untry		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Máy Be Added to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				nt	
				81	Name					
DARABI, FARHANG 6809 NW 48 LANE				82	Street Addr	ess (F	O. Box Number is Not Acceptable)			
1				02	Street Addi		.O. Box Humber is Not Acceptable)			

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90205 047 ****61.25

Applied For Not Applicable

85 Zip Code

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	1,1 TITLE	Change MAddition							
NAME (TAYLOR, NIKKI	1.2 NAME	5719 NIN 99 Per							
STREET ADDRESS	8322 S.W. 5TH PLACE	1.3 STREET ADDRESS	GAVAULUL 61 32653							
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP								
TITLE (DELETE	2.1 TITLE	Derbara Herbert Change X Addition							
NAME	MELLMAN, SIMA	2.2 NAME	& NW 79 Drive							
STREET ADDRESS	5907 N.W. 57 WAY	2.3 STREET ADDRESS	Gameentle, Fl. 32407							
CITY-ST-ZIP	GAINESVILLE FL	2. 4 CITY-ST-ZIP								
TITLE	CD DELETE	3.1 TITLE	VIOLENIDE KOLDEThange Addition							
NAME	HEATH, ANNE	3.2 NAME	5129 NW 33 PI							
STREET ADDRESS	7301 W UNIVERSITY #75	3.3 STREET ADDRESS	C-11/201111 CT 32606							
CITY-ST-ZIP	GAINESVILLE FL	3.4. CITY-ST-ZIP	Dairie J FC.							
TITLE	D DELETE	4.1 TITLE	☐ Change ☐ Addition							
NAME	DARABI, FAHRANG	4, 2 NAME	·							
STREET ADDRESS	6809 NW 48TH LANE	4.3 STREET ADDRESS								
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP								
TITLE	TD DELETE	5.1 TITLE	Change Addition							
NAME	DARABI, TARANEH	5.2 NAME								
STREET ADDRESS	6809 NW 48TH LANE	5.3 STREET ADDRESS								
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP								
TITLE (D DELETE	6.1 TITLE	Change Addition							
NAME	MELLMAN, RICHARD	6.2 NAME								
STREET ADDRESS	5907 NW 57TH WAY	6.3 STREET ADDRESS								
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP								

84 City

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: