


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 741361</b>	
1. Entity Name <b>SPIRITUAL ASSEMBLY OF THE BAHAI'S OF GREATER GAINESVILLE, FLORIDA, INC.</b>	

Principal Place of Business <b>6809 NW 48 LANE GAINESVILLE FL 32653 US</b>	Mailing Address <b>P.O. BOX 358744 GAINESVILLE FL 32635-8744 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE	CR2E037 (10/07)
4. FEI Number <b>59-2998439</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DARABI, FARHANG 6809 NW 48 LANE GAINESVILLE FL 32653</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title acceptable (NOTE: Registered Agent signature is required when reinstating)</small> DATE _____

<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to: Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHREIBER, LYNNE</b> <b>5005 NW 37TH PL</b> <b>GAINESVILLE FL 32606</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PHILMAN, NANCY</b> <b>9406 SW 79TH CT</b> <b>GAINESVILLE FL 32608</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARABI, FARHANG</b> <b>6809 NW 48TH LANE</b> <b>GAINESVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DARABI, TARANEH</b> <b>6809 NW 48TH LANE</b> <b>GAINESVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PHILMAN, ELDON</b> <b>9406 SW 79TH CT</b> <b>GAINESVILLE FL 32608</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000000840318</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>03/06/08-80042-015 61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** TARANEH DARABI 2/19/08 (352) 377-4616