

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90121 011 ****61.25

DOCUMENT # 741361

1. Entity Name

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



Principal Place of Business

**6809 NW 48 LANE
GAINESVILLE FL 32606-2871
US**

Mailing Address

**P.O. BOX 631
GAINESVILLE FL 32602
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2998439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARABI, FARHANG
6809 NW 48 LANE
GAINESVILLE FL 32653**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SP** ☐ Delete
NAME **WELCH, ISAAC**
STREET ADDRESS **5719 NW 99 TER.**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **HERBERT, BARBARA**
STREET ADDRESS **8 NW 79 DR.**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Change ☐ Addition
NAME **Nancy Philman**
STREET ADDRESS **9406 SW 79 Court**
CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **V** ☒ Delete
NAME **KABALI, MASEMBE**
STREET ADDRESS **5129 NW 33 PL**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DARABI, FARHANG**
STREET ADDRESS **6809 NW 48TH LANE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **DARABI, TARANEH**
STREET ADDRESS **6809 NW 48TH LANE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME **SD Eldon Philman**
STREET ADDRESS **9406 SW 79 Court**
CITY-ST-ZIP **Gainesville, FL 32608**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 by me as 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:

SIGNATURE REQUIRED

TARANEH DARABI (352) 372-4616

CR02037 (10/02)