

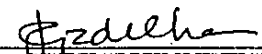


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90168 003 ****61.25

DOCUMENT # 746196 1. Entity Name SPIRITUAL ASSEMBLY OF THE BAHAI'S OF WEST PASCO COUNTY, FLORIDA, INC.					
Principal Place of Business 17237 BRIDLE PATH COURT LUTZ, FL 33558			Mailing Address PO BOX 1315 ELFERS, FL 34680		
2. Principal Place of Business 5735 ACROPOLIS LANE			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State NEW PORT RICHEY FL			City & State		
Zip 34653		Country		Zip	
Country		Country		4. FEI Number 59-2350509	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STROM, LINDA 17237 BRIDLE PATH COURT LUTZ, FL 33558			7. Name and Address of New Registered Agent Name JANICE GADELHA Street Address (P.O. Box Number is Not Acceptable) 5735 ACROPOLIS LANE City NEW PORT RICHEY FL Zip Code 34653		
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 			DATE 04/15/06		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$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 NAME STREET ADDRESS CITY-ST-ZIP	D MOSHTAGH, KIANOUSH 5641 WESTSHORE DRIVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (T) MOSHTAGH, KIANOUSH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STROM, DAVE 17237 BRIDLE PATH COURT LUTZ, FL 33558	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRECTOR STROM, DAVID
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADELHA, JANICE 5735 ACROPOLIS LANE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (S) GADELHA, JANICE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINONES, ANTONIO 9926 WEISKOPF DR. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLBANKS, J. TERRY 17508 SANDGATE CT. LAND O' LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINONES, BETTY 9926 WEISKOPF DR. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLBANKS, SHAHLA 17508 SANDGATE CT. LAND O' LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STROM, LINDA 17237 BRIDLE PATH COURT LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILIYA GEVORGYAN 7654 WIMPOLE DR. NEW PORT RICHEY, FL 34655
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			DATE 04/15/06 (727) 505-4821		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40053848

#746196

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11.

TITLE:	D	X	ADDITION
NAME:	JoAnn Arcos		
STREET ADDRESS:	8537 Cameo Drive		
CITY-ST-ZIP:	New Port Richey, FL 34654		