2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 746196

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHA'IS OF WEST PASCO COUNTY, FLORIDA, INC.

Current Principal Place of Business:

5735 ACROPOLIS LANE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

PO BOX 1315
ELFERS, FL 34680

New Mailing Address:

FEI Number: 59-2350509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GADELHA, JANICE
5735 ACROPOLIS LN
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	MOSHTAGH, KIANOUSH	
Address:	5641 WESTSHORE DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	S	( ) Delete
Name:	GADELHA, JANICE	
Address:	5735 ACROPOLIS LANE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	P	( ) Delete
Name:	QUINONES, ANTONIO	
Address:	9926 WEISKOPF DR.	
City-St-Zip:	NEW PORT RICHEY, FL 34655	
Title:	O	( ) Delete
Name:	GILLBANKS, J TERRY	
Address:	17508 SANDGATE CT	
City-St-Zip:	LAND O' LAKES, FL 34638	
Title:	VP	(X) Delete
Name:	DORNBROOK, EUGENE	
Address:	7045 LASSEN AVE.	
City-St-Zip:	NEW PORT RICHEY, FL 34655	
Title:	O	( ) Delete
Name:	QUINONES, BETTY	
Address:	9926 WEISKOPF DR.	
City-St-Zip:	NEW PORT RICHEY, FL 34655	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIANOUSH MOSHTAGH T 04/30/2009

Electronic Signature of Signing Officer or Director — Date