

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746492 (8)

1. Corporation Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF POLK COUNTY
, INC.



Principal Place of Business

Mailing Address

2337 NORTH CRYSTAL LAKE DRIVE
~~2337 NORTH CRYSTAL LAKE DR~~
LAKELAND FL 33801

2337 NORTH CRYSTAL LAKE DRIVE
~~2337 NORTH CRYSTAL LAKE DR~~
LAKELAND FL 33801

3. Date incorporated or Qualified
03/29/1979

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASHCHI, SHARZAD
2221 20TH ST NW
WINTER HAVEN FL 33881

81 Name

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

83

84 City

FL

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

TITLE PD ☐ DELETE
NAME NEWBY, DONALD
STREET ADDRESS 118 5TH ST, JPV
CITY-ST-ZIP WINTER HAVEN, FL 00000 33880

TITLE D ☐ DELETE
NAME ASHCHI, SHOKRALLAH
STREET ADDRESS 2221 20TH ST. N.W.
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ DELETE
NAME ASHCHI, MAHOU
STREET ADDRESS 2221 20TH ST NW
CITY-ST-ZIP WINTER HAVEN, FL 00000 33881

TITLE D ☐ DELETE
NAME ASHCHI, SHARZAD
STREET ADDRESS 2221 20TH ST. N.W.
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE SD ☐ DELETE
NAME WING, JOHN
STREET ADDRESS 2337 N CRYSTAL LK DR
CITY-ST-ZIP LAKELAND, FL 00000 33801

TITLE D ☐ DELETE
NAME WING, RUTHANNE
STREET ADDRESS 2337 N CRYSTAL LAKE DR
CITY-ST-ZIP LAKELAND FL 33801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

John Wing, Secy 30 Mar 96, 941.682.5502