

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Feb 14 1997 8:00am  
Secretary of State

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 338012337 NORTH CRYSTAL LAKE DRIVE  
2337 NORTH CRYSTAL LAKE DR  
LAKELAND FL 33801-6571

3. Date Incorporated or Qualified

03/29/1979

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3201920

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME NEWBY, DONALD  
STREET ADDRESS 118 5TH ST, JPV  
CITY-ST-ZIP WINTER HAVEN, FL 00000 33880TITLE D ☐ DELETENAME ASHCHI, SHOKRALLAH  
STREET ADDRESS 2221 20TH ST. N.W.  
CITY-ST-ZIP WINTER HAVEN FL 33881TITLE D ☐ DELETENAME ASHCHI, MAHOU  
STREET ADDRESS 2221 20TH ST NW  
CITY-ST-ZIP WINTER HAVEN, FL 00000 33881TITLE D ☐ DELETENAME ASHCHI, SHARZAD  
STREET ADDRESS 2221 20TH ST. N.W.  
CITY-ST-ZIP WINTER HAVEN FL 33881TITLE SD ☐ DELETENAME WING, JOHN  
STREET ADDRESS 2337 N CRYSTAL LK DR  
CITY-ST-ZIP LAKELAND, FL 00000 33801TITLE D ☐ DELETENAME WING, RUTHANNE  
STREET ADDRESS 2337 N CRYSTAL LAKE DR  
CITY-ST-ZIP LAKELAND FL 33801

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 # 0052457

CR2E037 (9/96)