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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-3201920**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>NEWBY, DONALD</b>	
STREET ADDRESS	<b>118 5TH ST, JPV</b>	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 00000</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ASHCHI, SHOKRALLAH</b>	
STREET ADDRESS	<b>2221 20TH ST. N.W.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ASHCHI, MAHOU</b>	
STREET ADDRESS	<b>2221 20TH ST NW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 00000</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ASHCHI, SHARZAD</b>	
STREET ADDRESS	<b>2221 20TH ST. N.W.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WING, JOHN</b>	
STREET ADDRESS	<b>2337 N CRYSTAL LK DR</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WING, RUTHANNE</b>	
STREET ADDRESS	<b>2337 N CRYSTAL LAKE DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>Winter Haven FL 33880</b>	
1.4 CITY-ST-ZIP		

2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>Winter Haven FL 33881</b>	
2.4 CITY-ST-ZIP		

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Baker, Kathryn</b>	
3.3 STREET ADDRESS	<b>4079 5th Avenue Dr</b>	
3.4 CITY-ST-ZIP	<b>Lake Wales FL 33853</b>	

4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>Winter Haven FL 33881</b>	
4.4 CITY-ST-ZIP		

5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>Lakeland FL 33801</b>	
5.4 CITY-ST-ZIP		

6.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>Lakeland FL 33801</b>	
6.4 CITY-ST-ZIP		

14. I 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: **John H Wing** **John H Wing** **Feb 7 '98** **941-682-5502**

CR2E037 (10/97)