

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90044 043 \*\*\*\*61.25

0056454

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 746492**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/29/1979

4. FEI Number

59-3201920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 CD ☐ 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 BAKER, KATHRYN  
STREET ADDRESS 4079 STALLION DR  
CITY-ST-ZIP LAKE WALES FL 33853

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 21 '99 941-682-5502

CR2E037 (11/98)