

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746492

1. Entity Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF POLK COUNTY

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 33801-6571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3201920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BAKER, KATHRYN
STREET ADDRESS 4079 STALLION DR
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

John H. Wing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90075 039 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)