2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90571 035 ****70.00

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24055516

1. Entity Name
SPIRITUAL ASSEMBLY OF THE BAHA'IS 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

04122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1165 S. Lakeshore Way	2337 N. Crystal Lake Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Alfred, FL	City & State: Lakeland FL
Zip: 33850 Country: USA	Zip: 33801 Country: USA

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD NEWBY, DONALD 118 5TH ST, JPV WINTER HAVEN, FL 00000, 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASHCHI, SHOKRALLAH 2221 20TH ST. N.W. WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, KATHRYN 4079 STALLION DR LAKE WALES, FL 33895	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition TD Mahrou A. Emerson 355 Bolender Rd Auburndale FL 33823-8240
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASHCHI, SHARZAD 2221 20TH ST. N.W. WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WING, JOHN 2337 N CRYSTAL LK DR LAKELAND, FL 00000, 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dd Vice Chairperson Patricia A. Cherundolo 4230 Simms Road Lakeland FL 33810-0402 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WING, RUTHANNE 2337 N CRYSTAL LAKE DR LAKELAND, FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Wing, Ruthanne 2337 N Crystal Lake Dr. Lakeland, FL 33801 ☒ Change ☐ Addition

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: Ruthanne Wing Ruthanne Wing 4-21-04 863-287-2295
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #