

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746492

FILED
Apr 29, 2007
Secretary of State

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHAI'S OF POLK COUNTY, INC.

Current Principal Place of Business:

1165 S. LAKESHORE WAY
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 199
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 59-3201920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHCHI, SHAHRZAD D
2221 20TH ST NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

IRWIN, POLLY C
5024 WOODGREEN LANE
LAKELAND, FL 33811 US

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: POLLY C. IRWIN

04/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CHERUNDOLO, PATRICIA A
Address: 4230 SIMMS RD
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: ASHCHI, SHOKRALLAH
Address: 2221 20TH ST. N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD () Delete
Name: EMERSON, MAHROU A
Address: 2017 8TH TERRACE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: ASHCHI, SHAHRZAD D
Address: 2221 20TH ST. N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: IRWIN, POLLY C
Address: 5024 WOODGREEN LN
City-St-Zip: LAKELAND, FL 33811

Title: SD (X) Delete
Name: WING, RUTHANNE W
Address: 2337 N CRYSTAL LAKE DR
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: IRWIN, POLLY C
Address: 5024 WOODGREEN LN
City-St-Zip: LAKELAND, FL 33811

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: POLLY C. IRWIN

S

04/29/2007

Electronic Signature of Signing Officer or Director

Date