

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90221 012 \*\*\*\*61.25

**DOCUMENT # 746492**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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  
Florida 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 95**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **33895**

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:

*SIGNATURE REQUIRED* **H Wing** 1/20/03 863 669 1327

CP2E037 (10/02)