FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:15

DOCUMENT # **746737** **(6)**

1. Corporation Name

SPIRITUAL ASSEMBLY OF THE BAHA'IS OF TALLAHASSEE ,FLORIDA,INC.

Principal Place of Business	Mailing Address
~~1410 ELEANOR DRIVE~~ P.O. BOX 20114 TALLAHASSEE FL 32316-7114	~~1410 ELEANOR DRIVE~~ P.O. BOX 20114 TALLAHASSEE FL 32316-7114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1979
3a. Date of Last Report: 10/19/1994
4. FEI Number: 59-2972846 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ ~~No~~

2. Principal Place of Business	2a. Mailing Address
21 1103 Woodbern	26 1103 Woodbern
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RU, NAIM
~~2855 APALACHEE PARKWAY #F256~~
TALLAHASSEE FL 32316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1103 Woodbern
83
84 City FL 85 Zip Code 32304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X _____ 2-12-95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MUNTER, JUDY	1.2 NAME		
STREET ADDRESS	167 CRENSHAW #2	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLROKH, AKHTARKHAVARI	2.2 NAME		
STREET ADDRESS	1103 WOODBERN	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	~~T~~ VP	3.1 TITLE		☒ Change ☐ Addition
NAME	AKHTARKHAVARI, MAY	3.2 NAME		
STREET ADDRESS	~~2855 APALACHEE PARKWAY #F256~~	3.3 STREET ADDRESS	1103 Woodbern	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☒ Change ☐ Addition
NAME	~~FOUST, LINDA~~	4.2 NAME	St. Clair, Sue	
STREET ADDRESS	~~501 BLAIRSTONE RD. #1123~~	4.3 STREET ADDRESS	2609-B Hartsfield Rd.	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	VC	5.1 TITLE		☒ Change ☐ Addition
NAME	RU, NAIM	5.2 NAME		
STREET ADDRESS	~~2855 APALACHEE PARKWAY #256~~	5.3 STREET ADDRESS	1103 Woodbern	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE	C	6.1 TITLE		☐ Change ☐ Addition
NAME	BARBER, MELVIN (DR.)	6.2 NAME		
STREET ADDRESS	314 STARMOUNT DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X _____ 2-12-95 385-0808
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR Date (Daytime Phone) #

0021707