

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746737 (6)

1. Corporation Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF TALLAHASSEE
FLORIDA, INC.

Principal Place of Business

Mailing Address

1103 WOODBERN
P.O. BOX 20114
TALLAHASSEE FL 32316-7114
US

1103 WOODBERN
P.O. BOX 20114
TALLAHASSEE FL 32316-7114
US



3. Date Incorporated or Qualified

04/13/1979

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RU, NAIM
1103 WOODBERN
TALLAHASSEE FL 32304

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE
NAME MUNTER, JUDY
STREET ADDRESS 167 CRENSHAW #2
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GOLROKH, AKHTARKHAVARI
STREET ADDRESS 1103 WOODBERN
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME AKHATAKHARI, MAY
STREET ADDRESS 1103 WOODBERN
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME T
3.3 STREET ADDRESS HOSSEIN AKHTARKHAVARI
3.4 CITY-ST-ZIP 1103 woodbern way
Tallahassee FL 32304

TITLE SD ☐ DELETE
NAME ST. CLAIR, SUE
STREET ADDRESS 2609-B HARTSFIELD RD
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME SD
4.3 STREET ADDRESS May AKHTARKHAVARI
4.4 CITY-ST-ZIP 1103 woodbern way
Tallahassee FL 32304

TITLE VC ☐ DELETE
NAME RU, NAIM
STREET ADDRESS 1103 WOODBERN
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME BARBER, MELVIN (DR.)
STREET ADDRESS 314 STARMOUNT DRIVE
CITY-ST-ZIP TALLAHASSEE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Akhatakhari, Hossein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/96

Date

575-6275

Daytime Phone #

CR2E037 (12/95)