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97 MAY 28 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32316-0114
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/13/1979

3a. Date of Last Report

03/27/1996

4. FEI Number

59-2972846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

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

TITLE **D** ☒ DELETE
NAME **MUNTER, JUDY**
STREET ADDRESS **187 CRENSHAW #2**
CITY-ST-ZIP **TALLAHASSEE FL**

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Treasurer** ☐ Change ☒ Addition
1.2 NAME **Ruben Malan**
1.3 STREET ADDRESS **3211 Thames Dr**
1.4 CITY-ST-ZIP **Tallahassee FL 32308**

2.1 TITLE **Florence Reed** ☐ Change ☒ Addition
2.2 NAME **Secretary**
2.3 STREET ADDRESS **1721 Belvedere St**
2.4 CITY-ST-ZIP **Tallahassee FL 32301**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **200002196092--5**
4.2 NAME **05/30/97 01056-008**
4.3 STREET ADDRESS *******61.25 *****61.25**
4.4 CITY-ST-ZIP

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

6.1 TITLE **A. Alan** ☐ Change ☐ Addition
6.2 NAME **5/28/97**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone & Address

CR2E037 (9/96)