

FILE NOW: FILING FEE IS \$61.25

FILED

May 26 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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**



3. Date Incorporated or Qualified  
**04/13/1979**

4. FEI Number **59-2972846**  
Applied For ☐  
Not Applicable ☒

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

**22** City & State **27** City & State

**23** Zip **28** Country

**24** Zip **25** Country **29** Zip **30** Country

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RU, NAIM  
1103 WOODBERN  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

**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 **TD** ☐ DELETE  
NAME **MALAN, RUBEN**  
STREET ADDRESS **3211 THAMES DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **SD** ☐ DELETE  
NAME **REED, FLORENCE**  
STREET ADDRESS **1721 BELVADERE ST.**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS **N 22**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Branady Price**  
1.3 STREET ADDRESS **520 E. Coll. Tall. FL 32301**  
1.4 CITY-ST-ZIP

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

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
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 ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

**Ruben Malan (Treasurer 5/1/98 894 1298)**

CR2E037 (10/97)