

9/12/01-90103-020-\$61.25-\$61.25

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 746737**

1. Entity Name

**SPIRITUAL ASSEMBLY OF THE BAHAI'S OF TALLAHASSEE**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2972846

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

Name

Richard Pellegono

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

3216 Baldwin Dr. W.

City

Tallahassee

FL

Zip Code

32309

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-27-01

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ DeleteNAME  
SD  
BARBER, MELVIN W  
STREET ADDRESS  
314 STARMOUNT DRIVE  
CITY-ST-ZIP  
TALLAHASSEE FL 32308-4215TITLE ☒ Change ☐ AdditionNAME  
Chairman  
Richard Pellegono  
STREET ADDRESS  
3216 Baldwin Dr. W.  
CITY-ST-ZIP  
Tallahassee, FL 32309TITLE ☐ DeleteNAME  
SD  
REED, FLORENCE  
STREET ADDRESS  
1721 BELVADERE ST.  
CITY-ST-ZIP  
TALLAHASSEE FL 32301TITLE ☒ Change ☐ AdditionNAME  
Secretary  
Leah Roberts  
STREET ADDRESS  
1755 Riverbush Hollow  
CITY-ST-ZIP  
Tallahassee, FL 32308TITLE ☐ DeleteNAME  
TD  
KIMBLE, KATHARINE L  
STREET ADDRESS  
1810 LILAC DR.  
CITY-ST-ZIP  
TALLAHASSEE FLTITLE ☒ Change ☐ AdditionNAME  
Vice Chairman  
Byron Holliswell  
STREET ADDRESS  
2959 Apalachee, Apt. D-20  
CITY-ST-ZIP  
Tallahassee, FL 32301TITLE ☐ DeleteNAME  
SD  
MALAN, RUBEN  
STREET ADDRESS  
3211 THAMES DR.  
CITY-ST-ZIP  
TALLAHASSEE FLTITLE ☐ Change ☒ AdditionNAME  
TREASURER  
D (Treasurer)TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-01

Date

850-686-6934

Daytime Phone #

FILED

01 OCT 22 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CRE037 (5/01)