

2002 UNIFORM BUSINESS REPORT (UBR)

0061496

DOCUMENT # 746737

1. Entity Name

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

APPROVED
AND
FILED

02 MAY -9 AM 10:02

Principal Place of Business

Mailing Address

~~1103 WOODBURN~~
P.O. BOX 20114
TALLAHASSEE FL 32310-7114
US

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P.O. BOX 20114
TALLAHASSEE FL 32310-7114
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1310 Cross Creek Cir.
Suite, Apt. #, etc.

3. Mailing Address

1310 Cross Creek Circle
Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number 59-2972846

Applied For
Not Applicable

Zip 32301 Country L. USA

Zip 32301 L. USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PELLEGRINO, RICHARD
3216 BALDWIN DRIVE W.
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name RUBEN MALAN
Street Address (P.O. Box Number is Not Acceptable) 4012 Forsythe Way
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

Ruben Malan

5/9/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	GO	<input checked="" type="checkbox"/> Delete
NAME	PELLEGRINO, RICHARD	
STREET ADDRESS	3216 BALDWIN DRIVE W	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERTS, LEAH	
STREET ADDRESS	1755 RIVERBIRCH HOLLOW	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWELL, BYRON	
STREET ADDRESS	3959 APALACHEE, APT. D20	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MALAN, RUBEN	
STREET ADDRESS	4012 Forsythe Way	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramon Benton	
STREET ADDRESS	3220 Riddle Dr	
CITY-ST-ZIP	Tallahassee FL 32309	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hardy Roberts	
STREET ADDRESS	1755 Riverbirch Hollow	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VChairman	
STREET ADDRESS	Willie Kimble	
CITY-ST-ZIP	1324 High Road Apt. X3	
	Tallahassee FL 32304	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Florence Reed	
STREET ADDRESS	501 Gable Aven.	
CITY-ST-ZIP	Tallahassee FL 32311	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chairman	
STREET ADDRESS	Edward Price	
CITY-ST-ZIP	2765 W Tharpe St Apt. 113	
	Tallahassee FL 32309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500005500215--3	
STREET ADDRESS	-05/09/02--01023--010	
CITY-ST-ZIP	*****61.25 *****61.25	

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:

Ruben Malan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 894-1298

CR2E037 (9/01)