2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746737

FILED Mar 10, 2006 Secretary of State

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHA'IS OF TALLAHASSEE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1310 CROSS CREEK CIR

TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

4012 FORSYTHE WAY 1310 CROSS CREEK CIR

TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32301 US

FEI Number: 59-2972846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MALAN, RUBEN

4012 FORSYTHE WAY
TALLAHASSEE, FL 32309 US

KOEN, BENJAMIN D T
3424 GARDENVIEW WAY
TALLAHASSEE, FL 32309 US

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: BENJAMIN KOEN 03/10/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: T () Delete Title: C (X) Change () Addition

Name: MALAN, RUBEN Name: HARMER, MICHELE C

Address: 4012 FORSYTHE WAY Address: 520 TRAM RD.

City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32305 US

Title: VC () Delete Title: V (X) Change () Addition

 Name:
 KIMBLE, WILLIE
 Name:
 COOK, HAVEN V

 Address:
 1326 HIGH ROAD APT. X3
 Address:
 310 N. DELLVIEW DR.

 City-St-Zip:
 TALLAHASSEE, FL 32304
 City-St-Zip:
 TALLAHASSEE, FL 32303 US

Title: DS () Delete Title: S (X) Change () Addition

Name: REED (FLORENCE), GRACE Name: ROBERTO, GRACE S

Address: 501 GAILE AVE. Address: 501 GAILE AVE.

City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: TALLAHASSEE, FL 32305 US

Title: D () Delete Title: T (X) Change () Addition Name: HARMER, MICHELLE Name: KOEN, BENJAMIN D T

Address: 1800 MICCOSUKEE COM. DR., APT 1007 Address: 3424 GARDENVIEW WAY
CitysSt-Zip: TALLAHASSEE EL 32308 US

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D (X) Delete Title: () Change () Addition Name: LAZAROVA, LUBA Name:

 Name:
 LAZAROVA, LUBA
 Name:

 Address:
 1119 CHERRY STREET
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:

Title: C (X) Delete Title: () Change () Addition

 Name:
 KOEN, BENJAMIN
 Name:

 Address:
 3424 GARDENVIEW
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN KOEN T 03/10/2006