2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# 746737

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

Current Principal Place of Business:

1310 CROSS CREEK CIR
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

1310 CROSS CREEK CIR
D
TALLAHASSEE, FL 32301 US

Current Mailing Address:

1310 CROSS CREEK CIR
TALLAHASSEE, FL 32301 US

New Mailing Address:

1310 CROSS CREEK CIR
D
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:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MS. ( ) Delete
Name: HARMER, MICHELE C
Address: 520 TRAM RD.
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: MS. ( ) Delete
Name: COOK, HAVEN V
Address: 310 N. DELLVIEW DR.
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: DR. ( ) Delete
Name: KOEN, BENJAMIN D S/T
Address: 3424 GARDENVIEW WAY
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 D. KOEN DR. 02/02/2009
Electronic Signature of Signing Officer or Director — Date