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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

758384

(2)

SPIRITUAL ASSEMBLY OF THE BAHA'IS OF SARASOTA COUNTY, NORTH, INC.

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Principal Place of Business	Mailing Address					P)	
1482 DOGWOOD DRIVE SARASOTA FL 34232	1482 DOGWOOD DRI SARASOTA FL 34232						
2. Principal Place of Business					3. Date Incorporated or Qualified 05/18/1981	3a. Date of L 06/16	ast Report
The part lace of Business	2a. Mailing Address				4. FEI Number 65-0026993		Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.				05-0020993		Not Applica
	27				5. Certificate of Status Desired		75 Additiona
City & State	City & State				6. Election Campaign Financing	<u>-</u>	e Required
Zip Country	28	- 			Trust Fund Contribution	□ \$5	.00 May Be
25	Zip 29	30 Co	untry	•	8. This corporation has liability for	intangible tax unde	s. 199,032.
9. Name and Address of Curr	rent Registered Agent	30	Τ-		Florida Statutes	∏ Yes ∏ Nາ	
100/4444			81	Name	10. Name and Address of New R	legistered Agent	
LOCKMAN, LEOTA			82	Stevet Add	100.0		
T-103 TREEHOUSE CIRCLE PELICAN (SARASOTA FL 34231	COVE		82 Street /		ress (P.O. Box Number is Not Acceptable)		
SANASUTA FL 34231			83				
			84	City		· · · · · · · · · · · · · · · · · · ·	
1. Pursuant to the provisions of Sections 617 of	00 and 042 4500 5		1 1	•			Zip Code
 Pursuant to the provisions of Sections 617.05 or registered agent, or both, in the State of Fic familiar with, and accept the obligations of, Se 	orida. Such change was authoriz	tes, the abo zed by the	ove-n corpo	iamed corpor oration's Ixoar	ration submits this statement for the purp	pose of changing it	registered of
GNATURE	iction 617.0503, Florida Statutes	5.	·		a or an occord. Thereby accept the appo	ontment as register	ed agent. I am
Signature, typed or printed name of registered age	and title if applicable. (NC	DIE: Beoistere	- A-11.7	signature required			
OFFICERS A	ND DIRECTORS	13.	Ager	signature recjuired		DATE CELLS AND ENTRE	
OFFICERS A.	ND DIRECTORS			signature required	d when reinstating: ADDITIONS/CHANGES TO OFF;	CERS AND DIRECT	
LE VD STINNETT, ROBERT	NU DIRECTORS	13.	TLE	signature required		DATE CERS AND DIRECT Change	
OFFICERS A VD STINNETT, ROBERT SEEL ADDRESS 3215 GLENNA LANE	NU DIRECTORS	13. 1.1 TI 12 No	TLE AME	ADDRESS		CERS AND DIRECT	
LE VD STINNETT, ROBERT SEEL ADDRESS A215 GLENNA LANE SARASOTA FL	NO DIRECTORS	13. 1.1 TI 12 N 1.3 SI 1.4 CI	ITLE AME IREET A	ADDRESS		CERS AND DIRECT	
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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

12 726-1946 (94) 371-6790