## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

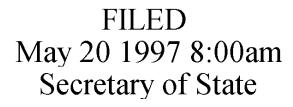
758384

(2)

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

Principal Place of Business

Mailing Address





1482 DOGWOO SARASOTA FL		1482 DOGWOOD DRIVE SARASOTA FL 34232-340	1482 DOGWOOD DRIVE SARASOTA FL 34232-3402			
					<ol> <li>Date Incorporated or Qualified 05/18/1981</li> </ol>	3a. Date of Last Report 03/05/1996
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0026993	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country Zrp Country		У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
24]	9. Name and Address of Curre		1301		10. Name and Address of New Re	<del></del>
			81	Name		
LOCKMAN, LEOTA			82	Street Add	iress (P.O. Box Number is Not Acceptab	le)
T-103 T	REEHOUSE CIRCLE PELICAN (	COVE	L			
SARASI	OTA FL 34231		83	<u></u>	·	
			64	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	utes, the abov	re-named cor	poration submits this statement for the p	
office or r agent. I a	egistered agent, or both, in the Statem familiar with, and accept the oblid	e of Florida. Such change was pations of, Section 617.0503. F	authorized b Iorida Statute	y the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	of the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered as			ont signature requ	rired when reinstating)	DATE
12.	r <del></del>	ND DIRECTORS  M DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	VD Stinnett, robert	[-3 beech	1.2 NAME	<u></u>	N ON THE PARTY	PHILKIEY
STREET ADDRESS	3215 GLENNA LANE			T ADDRESS	Mrs. Shirley A. Baldwin 3725 Meyer Place	<b>H</b>
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-		Sarasota, FL. 34239-7032	HIRLEY
TITLE	ÇD	DELETE	2.1 TITLE			
NAME	LOCKMAN, LEOTA		2.2 NAME		BSTINNETT, ROBERS	
STREET ADDRESS	1634 TREEHOUSE CIR T103		2.3 STREE	T ADDRESS	3215 GLENNA LAN	0.7.0
CITY-ST-ZIP	SARASOTA, FL 00000 3423		2. 4 CITY	- ST - ZIP	SARASOTA, FL 34	
TITLE	SD	☐ DELETE	3.1 TITLE			Change Addition
NAME OTOGET ADORESS	HILKE, HOBERTA M.		3.2 NAME	T 4000000		
STREET ADDRESS CITY-ST-ZIP	1482 Dogwood Dr. Sarasota Fl 34232		3.3 STREE 3.4. CITY	T ADDRESS		
TITLE	ONIMOUTA PE OTESE	DELETE	3.4. CITY -	31-41	<del></del>	Change Addition
NAME		<u> </u>	4. 2 NAME	:	•	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CiTy-	ST-ZIP		<u> </u>
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	Ì		
STREET ADORESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP	<del> </del>	T actes	54 DITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 TOTLE			☐ Change ☐ Addition
NAME			6.2 NAME	1		
STREET ADDRESS			P	T ADDRESS		
CITY-ST-ZIP	l .		6.4 CITY -	SI-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.