2/14/00-90019-025-\$61.25-\$61.25 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 758384 1. Entity Name FILED SPIRITUAL ASSEMBLY OF THE BAHA'IS OF SARASOTA CO 00 MAR -9 PM 2: 07 Principal Place of Business Mailing Address SECRETARY OF STATE DUU FARRAHASSEE, FEORIDA 1482 DOGWOOD DRIVE ... DOGWOOD DRIVE ------ FL 34232 SARASOTA FL 34232-3402 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0026993 Not Applicable \$8.75 Additional -Country_ ج Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LOCKMAN, LEOTA T-103 TREEHOUSE CIRCLE PELICAN COVE SARASOTA FL 34231 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition 66/6) Delete TITLE CD TITLE 3215 GLENNA LN NAME NAME SHIRLEY A BALDWIN STREET ADDRESS STREET ADDRESS 3725 MEYER PL SARASOTA, FL 34239 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 Change Ch ☐ Addition SOHAILI , VAHID Dalete TITLE VD 2532 MAN-OF-WAR CIRCLE NAME MAME STINNETT, ROBERT STREET ADDRESS STREET ADDRESS 3215 GLENNA LN SARASOTA, FL. 34240 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL<u>00</u>000 ☐ Addition ☐ Change TITLE Delate TITLE HILKE, HOBERTA M. NAME STREET ADDRESS STREET ADDRES 1482 DOGWOOD DR. CITY-ST-ZIP CITY-ST-ZIF SARASOTA FL 34232 Change Addition ☐ Delete TITLÉ NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2iP CITY-ST-ZIP ☐ Addition mis - of ra Change ☐ Delete TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SHALETURA ARALUBED

TRENSILEER

2/1/00

921-3201

Daytime Phone #

CHAIRMAN

/00 041 350 OE00/Wowl