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NONPROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758384

769679

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

Principal Place of Business	Mailing Address
3667 WEBBER ST. SARASOTA, FL 34239	1709 PELICAN COVE RD., #348 SARASOTA, FL 34231-6781

2. Principal Place of Business 21 3667 WEBBER ST.	2a. Mailing Address 26 1709 PELICAN COVE RD.,	3. Date Incorporated or Qualifed 05/18/81
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 UNIT G-348	4. FEI Number 650026993 ☐ Applied For ☐ Not Applicable
City & State 23 SARASOTA, FL	City & State 28 SARASOTA, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34239 25 USA	Zip / Country 29 34231-6781 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEOTA LOCKMAN T-103 TREEHOUSE CIRCLE PELICAN COVE SARASOTA, FL 34231	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CHAIRMAN/D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	VAHID SOHAILI		1.2 NAME	WHELMA THOMPSON	
STREET ADDRESS	2532 MAN-OF-WAR CIRCLE		1.3 STREET ADDRESS	1825 COLLEEN ST	
CITY-ST-ZIP	SARASOTA, FL 34240		1.4 CITY-ST-ZIP	SARASOTA, FL 34231-7003	
TITLE	VICE-CHAIRMAN/D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	ROBERT J. STINNETT		2.2 NAME	FARKHONDE EDWARDS	
STREET ADDRESS	3215 GLENNA LANE		2.3 STREET ADDRESS	3966 LOSILLIAS DR.	
CITY-ST-ZIP	SARASOTA, FL 34239-3408		2.4 CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	SECRETARY/D	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	1709 PELICAN COVE RD., G-348		3.2 NAME	GENÉ WALLS	
STREET ADDRESS	SHIRLEY A. BALDWIN		3.3 STREET ADDRESS	5521 ROLLING WOOD DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34231-6781		3.4. CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	TREAS/D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTINE MOYA		4. 2 NAME		
STREET ADDRESS	2218 ALPINE AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34239		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KARLA SOHAILI		5.2 NAME		
STREET ADDRESS	2532 MAN-OF-WAR CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAVID WRIGHT		6.2 NAME		
STREET ADDRESS	3441 27TH PARKWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34235-8003		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Robert J. Stinnett ROBERT J. STINNETT 4-30-01 (941) 926-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V. CHMN. Date Daytime Phone #