2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90069 050 ****61.25

DOCUMENT # 758384

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

Principal Place of Business	Mailing Address
1825 COLLEEN ST. SARASOTA, FL 34231	1825 COLLEEN ST. SARASOTA, FL 34231

03152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0026993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOCKMAN, LEOTA T-103 TREEHOUSE CIRCLE PELICAN COVE SARASOTA, FL 34231	Name GENÉ WALLS Street Address (P.O. Box Number is Not Acceptable) 1825 COLLEEN ST City SARASOTA FL Zip Code 34231

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LOCKMAN, LEOTA M 1634 TREEHOUSE CIR., T-103 SARASOTA, FL 342316724	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WHELMA THOMPSON 1825 COLLEEN ST SARASOTA, FL 34231	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SOHAILI, VAHID 2532 MAN OF WAR CIRCLE SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALLS, GENE 1825 COLLEEN ST. SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARRETT, CLARENCE 6470 LICHFIELD LANE SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOHAILI, KARLA N 2532 MAN OF WAR CIRCLE SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EDWARDS, FARKONDEH 3966 LOSILLIAS DR. SARASOTA, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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.

SIGNATURE: Gene M. Walls GENÉ MARIE WALLS 4-11-05 941-957-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #