2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

02112008 No Chg-NP CR2E037 (4/06)

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

THOMPSON, WHELMA
1825 COLLEEN ST
SARASOTA, FL 34231

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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, 2008

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

U00000886140
04/19/09-90003-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	THOMPSON, WHELMA
STREET ADDRESS	1825 COLLEEN ST
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	SOHAILI, VAHID
STREET ADDRESS	2532 MAN OF WAR CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VD
NAME	MOYA, CHRISTINE
STREET ADDRESS	2218 ALPINE AVE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	TD
NAME	GARVER, HARVEY
STREET ADDRESS	4232 CENTRAL SARASOTA PKWY, #822
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	SD
NAME	MARCHBANK, SANDRA
STREET ADDRESS	7848 SADDLE CREEK TRAIL
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Vahid Sohaili 4/5/08 941-343-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #