

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90308 039 *****61.25

DOCUMENT # 758384

1. Entity Name

**SPIRITUAL ASSEMBLY OF THE BAHA'IS OF SARASOTA CO
UNTY, NORTH, INC.**



Principal Place of Business

**3667 WEBBER ST
SARASOTA FL 34239**

Mailing Address

**1709 PELICAN COVE RD
UNIT G-548
SARASOTA FL 34231-6781**

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**

☐ CHECK HERE IF MAKING CHANGES

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Leota Lockman

LEOTA LOCKMAN

4/28/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **CD** ☐ Delete
NAME **LOCKMAN, LEOTA M**
STREET ADDRESS **1634 TREEHOUSE CIR., T-103**
CITY-ST-ZIP **SARASOTA FL 34231-6724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SOHAILI, VAHID**
STREET ADDRESS **2532 MAN-OF-WAR CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **BALDWIN, SHIRLEY A**
STREET ADDRESS **1709 PELICAN COVE RD., G-348**
CITY-ST-ZIP **SARASOTA FL 34231-6708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **SOAILI, KARLA**
STREET ADDRESS **2532 MAN-OF-WAR CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MOYA, CHRISTINE**
STREET ADDRESS **2218 ALPINE AVE.**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **EDWARDS, FARKONDEH**
STREET ADDRESS **3966 LOSILLIAS DR.**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Shirley A. Baldwin **SHIRLEY A. BALDWIN** **4/28/2003**

CR2E037 (10/02)