2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001863

Entity Name: REGIONAL BAHA'I COUNCIL OF THE SOUTHERN STATES INC

FILED May 26, 2004 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	16TH AVE., S PARK, FL 33				
Current Mailing Address:			New Maili	New Mailing Address:	
	16TH AVE., S PARK, FL 33				
FEI Number:	: 65-0815276	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS TALLAHAS The above	S STREET SSEE, FL 323 named entity		ırpose of changing i	ts registered office or registered agent, or both,	
in the State	e of Florida.				
SIGNATUR		. 0. 1 10			
	Electroi	nic Signature of Registered Ager	nt	Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C (JAMES, ROBE 15 AMAN CT. DURHAM, NC) Delete RT	Title: Name: Address: City-St-Zip:	C (X) Change () Addition JAMES, ROBERT 15 AMAN CT. DURHAM, NC 27713	
Title: Name: Address: City-St-Zip:	D (PRITCHARD, k 880 NW 72ND PLANTATION,	TER	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PRITCHARD, KAREN 771 RANCH ROAD WESTON, FL 33326	
Title: Name: Address: City-St-Zip:	T (CANTVILLE, C 1031 SW 67TH PLANTATION,	I TER	Title: Name: Address: City-St-Zip:	T (X) Change () Addition CANTVILLE, COVEY 1031 SW 67TH TER PLANTATION, FL 33317	
Title: Name: Address: City-St-Zip:	S (MOFIDI, MAHY 600 AIRPORT CHAPEL HILL,	RD APT 401	Title: Name: Address: City-St-Zip:	S (X) Change () Addition MOFIDI, MAHYAR 22 PREAKNESS DR. DURHAM, NC 27713	
Title: Name: Address: City-St-Zip:	D (STURDIVANT, 7210 MATHEW GREENBELT, I	/ ST.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition STURDIVANT, JAMES 7210 MATHEW ST. GREENBELT, MD 20770	
Title: Name: Address: City-St-Zip:	DR (GUILLEBEAUX 5434 CATHY D MONTGOMER	PRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COVEY H. CANTVILLE TREA 05/26/2004