

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001863

FILED  
Jan 17, 2006  
Secretary of State

**Entity Name:** REGIONAL BAHAI COUNCIL OF THE SOUTHERN STATES INC

**Current Principal Place of Business:**

4100 N.W. 16TH AVE., STE 9  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

771 RANCH ROAD  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 65-0815276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: JAMES, ROBERT  
Address: 15 AMAN CT.  
City-St-Zip: DURHAM, NC 27713

Title: D ( ) Delete  
Name: PRITCHARD, KAREN  
Address: 771 RANCH ROAD  
City-St-Zip: WESTON, FL 33326

Title: T ( ) Delete  
Name: STURDIVANT, JAMES  
Address: 7210 MATHEW STREET  
City-St-Zip: GREENBELT, MD 20770

Title: S ( ) Delete  
Name: MOFIDI, MAHYAR  
Address: 22 PREAKNESS DR.  
City-St-Zip: DURHAM, NC 27713

Title: D ( ) Delete  
Name: SADEGHIAN, JANET  
Address: 7500 BOX ELDER COURT  
City-St-Zip: MC LEAN, VA 22102

Title: D ( ) Delete  
Name: GUILLEBEAUX, JACK  
Address: 5434 CATHY DRIVE  
City-St-Zip: MONTGOMERY, AL 36108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: JAMES, ROBERT  
Address: 15 AMAN CT  
City-St-Zip: DURHAM, NC 27713

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KAREN PRITCHARD

D

01/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date