2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001863

FILED Mar 04, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 4100 N.W. 16TH AVE., STE 9 OAKLAND PARK, FL 33309 **Current Mailing Address: New Mailing Address:** 771 RANCH ROAD WESTON, FL 33326 FEI Number: 65-0815276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM PRITCHARD, KAREN 1200 S PINE ISLAND RD 771 RANCH ROAD PLANTATION, FL 33324 US WESTON, FL 33326 US 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: KAREN PRITCHARD 03/04/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JAMES, ROBERT Name: Name: 15 AMAN CT Address: Address: DURHAM, NC 27713 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: PRITCHARD, KAREN Name: PRITCHARD, KAREN Address: 771 RANCH ROAD Address: 771 RANCH ROAD City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33326 Title: () Delete Title: (X) Change () Addition STURDIVANT, JAMES STURDIVANT, JAMES Name: Name: 7210 MATHEW STREET 7210 MATHEW STREET Address: Address: City-St-Zip: GREENBELT, MD 20770 City-St-Zip: GREENBELT, MD 20770 Title: () Delete Title: (X) Change () Addition MOFIDI, MAHYAR MOFIDI, MAHYAR Name: Name: 22 PREAKNESS DR. 7210 MATHEW STREET Address: Address: City-St-Zip: DURHAM, NC 27713 City-St-Zip: GREENBELT, MD 20770 Title: () Delete Title: () Change () Addition SADEGHIAN, JANET Name: Name: 7500 BOX ELDER COURT Address: Address: City-St-Zip: MC LEAN, VA 22102 City-St-Zip: Title: () Delete Title: () Change () Addition GUILLEBEAUX, JACK Name: Name: Address: 5434 CATHY DRIVE Address: MONTGOMERY, AL 36108 City-St-Zip: 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 T 03/04/2007