## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000001863

FILED Jan 06, 2008 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 9 771 RANCH ROAD OAKLAND PARK, FL 33309 WESTON, FL 33326 **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: PRITCHARD, KAREN PRITCHARD, KAREN E 771 RANCH ROAD 771 RANCH ROAD WESTON, FL 33326 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 E PRITCHARD 01/06/2008 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: ( ) Delete () Change () Addition PRITCHARD, KAREN Name: Name: Address: 771 RANCH ROAD Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: Title: () Delete Title: () Change () Addition STURDIVANT, JAMES Name: Name: 7210 MATHEW STREET Address: Address: City-St-Zip: GREENBELT, MD 20770 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MOFIDI, MAHYAR Name: Name: 7210 MATHEW STREET Address: Address: City-St-Zip: GREENBELT, MD 20770 City-St-Zip: 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 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 E PRITCHARD T 01/06/2008