2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 11, 2005 8:00 am
Secretary of State
01-27-2005 90050 033 ****70.00

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01222005 Chg-NP CR2E037 (10/03)

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1. Entity Name
SPIRITUAL ASSEMBLY OF THE BAHA'IS OF HILLSBOROUGH COUNTY NORTHWEST, FLORIDA, INC.

Principal Place of Business	Mailing Address
3112 NUNDY RD TAMPA, FL 33618	PO BOX 274047 TAMPA, FL 33688-4047

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 11-3658073 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYKWALDER, NANCY
3008 SABAL ROAD
TAMPA, FL 33618-3710

ROBERTS, LEAH
10121 WOODSONG WAY
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name: Leah Roberts
Street Address (P.O. Box Number is Not Acceptable): 10121 Woodsong Way
City: Tampa FL Zip Code: 33618

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: Leah Roberts 3/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KING, DARYLL M 7001 SEABURY CT. TAMPA, FL 336152958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, DARYLL M. 7001 SEABURY ST., TAMPA FL 33615-2958	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LASSEPAS, CARLOS QUIROGA 7509 WEST CARACAS ST. TAMPA, FL 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RYKWALDER, NANCY 3008 SABAL ROAD TAMPA, FL 336183710	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ROBERTS, HARDY LEROY 10121 WOODSONG WAY TAMPA FL 33618	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEAN, ARDESHIR 11920 KEATING DRIVE TAMPA, FL 336262530	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEAH, ROBERTS 10121 WOODSONG WAY TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBERTS, LEAH J. 10121 WOODSONG WAY TAMPA FL 33618	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD RYKWALDER, THOMAS 3008 SABAL ROAD TAMPA, FL 336183710	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD REIHANI, FOAD 11417 WANDSWORTH DR., TAMPA FL 33626-2612	☐ Change ☑ Addition

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: Hardy Roberts (chairman) 1/24/05 813-933-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #