2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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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

01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

ROBERTS, LEAH
10121 WOODSANG WAY
TAMPA, FL 33618

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

000004019017
02/02/06-80064-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KING, DARYLL M
STREET ADDRESS	7001 SEABURY CT.
CITY-ST-ZIP	TAMPA, FL 336182958
TITLE	D
NAME	LASSEPAS, CARLOS QUIROGA
STREET ADDRESS	7509 WEST CARACAS ST.
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	CD
NAME	ROBERTS, HARDY LEROY
STREET ADDRESS	10121 WOODSONG WAY
CITY-ST-ZIP	TAMPA, FL 336183710
TITLE	TD
NAME	DEAN, ARDESHIR
STREET ADDRESS	11920 KEATING DRIVE
CITY-ST-ZIP	TAMPA, FL 336262530
TITLE	SD
NAME	LEAH, ROBERTS
STREET ADDRESS	10121 WOODSONG WAY
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	VCD
NAME	REIHANI, FOAD
STREET ADDRESS	11947 WANDSWORTH DR
CITY-ST-ZIP	TAMPA, FL 336262612

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Leah Roberts 1/20/06 8139381 00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #