


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90074 013 \*\*\*\*61.25

<b>DOCUMENT # N00000004702</b>					
<b>1. Entity Name</b> SPIRITUAL ASSEMBLY OF THE BAHAI'S OF HILLSBOROUGH COUNTY NORTHWEST, FLORIDA, INC.					
<b>Principal Place of Business</b> 3112 NUNDY RD TAMPA, FL 33618			<b>Mailing Address</b> PO BOX 274047 TAMPA, FL 33688-4047		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 11-3658073	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROBERTS, LEAH 10121 WOODSANG WAY TAMPA, FL 33618			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> KING, DARYLL M <b>STREET ADDRESS</b> 7001 SEABURY CT. <b>CITY-ST-ZIP</b> TAMPA, FL 336152958	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LASSEPAS, CARLOS QUIROGA <b>STREET ADDRESS</b> 7509 WEST CARACAS ST. <b>CITY-ST-ZIP</b> TAMPA, FL 33615	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> CD <b>NAME</b> ROBERTS, HARDY <b>STREET ADDRESS</b> 10121 WOODSONG WAY <b>CITY-ST-ZIP</b> TAMPA, FL 336183710	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> DEAN, ARDESHIR <b>STREET ADDRESS</b> 11920 KEATING DRIVE <b>CITY-ST-ZIP</b> TAMPA, FL 336262530	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> LEAH, ROBERTS <b>STREET ADDRESS</b> 10121 WOODSONG WAY <b>CITY-ST-ZIP</b> TAMPA, FL 33618	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VCD <b>NAME</b> REIHANI, FOAD <b>STREET ADDRESS</b> 11947 WANDSWORTH DR <b>CITY-ST-ZIP</b> TAMPA, FL 336262612	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Leah Roberts</i>			1/15/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
839669311			Daytime Phone #		