

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90074 045 \*\*\*\*70.00

**DOCUMENT # N00000004702**

1. Entity Name  
SPIRITUAL ASSEMBLY OF THE BAHAI'S OF  
HILLSBOROUGH COUNTY NORTHWEST, FLORIDA, INC.



Principal Place of Business  
3112 NUNDY RD  
TAMPA, FL 33618

Mailing Address  
PO BOX 274047  
TAMPA, FL 33688-4047

40007880



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-NP

CR2E037 (12/06)

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

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2008**

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

TITLE ~~VCD~~ ☐ Delete  
NAME KING, DARYLL M  
STREET ADDRESS 7001 SEABURY CT.  
CITY-STATE-ZIP TAMPA, FL 336152958

TITLE D ☐ Delete  
NAME LASSEPAS, CARLOS QUIROGA  
STREET ADDRESS 6842 MITCHELL CR  
CITY-STATE-ZIP TAMPA, FL 33634

TITLE CD ☐ Delete  
NAME ROBERTS, HARDY LEROY  
STREET ADDRESS 10121 WOODSONG WAY  
CITY-STATE-ZIP TAMPA, FL 336183710

TITLE TD ☐ Delete  
NAME DEAN, ARDESHIR  
STREET ADDRESS 15616 BEREAD DR  
CITY-STATE-ZIP ODESSA, FL 33556

TITLE SD ☐ Delete  
NAME LEAH, ROBERTS  
STREET ADDRESS 10121 WOODSONG WAY  
CITY-STATE-ZIP TAMPA, FL 33618

TITLE VCD ☒ Delete  
NAME REIHANI, FOAD  
STREET ADDRESS 11947 WANDSWORTH DR  
CITY-STATE-ZIP TAMPA, FL 336262612

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DEAN POURAN D. ☐ Change ☒ Addition  
NAME 15616 BEREAD DR.  
STREET ADDRESS ODESSA FL. 33556  
CITY-STATE-ZIP

TITLE SMITH LAURA ☐ Change ☒ Addition  
NAME 16210 SAWGRASS CIRCLE  
STREET ADDRESS TAMPA FL 33624  
CITY-STATE-ZIP

TITLE RINI DORIS ☐ Change ☒ Addition  
NAME 10911 COVEY CT.  
STREET ADDRESS TAMPA FL. 33625  
CITY-STATE-ZIP

TITLE RYK WALTER THOMAS ☐ Change ☒ Addition  
NAME 3008 SABAL ROAD  
STREET ADDRESS TAMPA FL. 33618  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

Date

9139338100

Daytime Phone #