

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003791

FILED
Feb 16, 2005
Secretary of State

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHAI'S OF BREVARD COUNTY, INC.

Current Principal Place of Business:

3765 TRANQUILITY DR
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

3765 TRANQUILITY DR
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 59-3000769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELPAC, LADAN
3765 TRANQUILITY DR
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JENNER, FREDERICK L
Address: 2230 PORPOISE ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: HYDE, MICHAEL
Address: 265 MONTEGO BAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: BANAPOOR, SHAHROOZ
Address: 3660 TURTLEMOUNT RD
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: DELPAK, LADAN
Address: 3765 TRANQUILITY DR
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: JENNER, KATHRYN S
Address: 2230 PORPOISE ST
City-St-Zip: MERRITT ISLAND, FL 32934

Title: D () Delete
Name: DELPAK, RAMZI
Address: 3765 TRANQUILITY DR
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAHROOZ BANAPOOR

D

02/16/2005

Electronic Signature of Signing Officer or Director

Date