


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03126 (2)**  
1. Corporation Name  
**THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF SEMINOL  
E COUNTY, FLORIDA, INC.**

Principal Place of Business <b>1854 LONG POND DRIVE LONGWOOD FL 32779 US</b>	Mailing Address <b>E COUNTY WEST P.O. BOX 951211, N/A LAKE MARY FL 32795-1211 US</b>
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2. Principal Place of Business <b>21 121 DONEGAL AVENUE</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>23 LAKE MARY, FLORIDA</b> Zip <b>24 32746</b> Country <b>25</b>
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3. Date Incorporated or Qualified <b>05/16/1984</b>
4. FEI Number <b>36-2718769</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**AKHTARKHAVARI, ROSA  
409 W ORANGE STREET  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent  
**81 Name FRANCINE LEVY**  
**82 Street Address (P.O. Box Number is Not Acceptable) 121 DONEGAL AVENUE**  
**83**  
**84 City LAKE MARY FL 85 Zip Code 32746**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE FRANCINE LEVY, SECRETARY Francine Levy 4-28-1998  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE <b>LEVY, BENJAMIN 121 DONEGAL AVE. LAKE MARY FL 32746</b>	1.1 TITLE <b>CD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>COLLESTAN, REZYANIEH 206 LAKE GENE DRIVE LONGWOOD, FL 32779</b>
TITLE <b>VCD</b>	<input type="checkbox"/> DELETE <b>LEVY, FRANCINE 1854 LONG POND DR. LONGWOOD FL</b>	2.1 TITLE <b>VCD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARSHALL, ZEENA 1810 MARKHAM WOODS RD. LONGWOOD, FL 32779</b>
TITLE <b>SD</b>	<input type="checkbox"/> DELETE <b>MARSHALL, DAVID 1858 LONG POND DR LONGWOOD FL</b>	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LEVY, FRANCINE 121 DONEGAL AVENUE LAKE MARY, FL 32746 - 3313</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>MARSHALL, ZEENA 1858 LONG POND DR. LONGWOOD FL</b>	4.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SAKHITABE FARHAD 1710 OVERLOOK DRIVE LONGWOOD, FL 32750-4507</b>
TITLE <b>P</b>	<input type="checkbox"/> DELETE <b>MONTGOMERY, JON 821 HOBSON STREET LONGWOOD FL</b>	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LEVY, NELSON, MARTINE 121 DONEGAL AVENUE LAKE MARY, FL 32746 - 3313</b>
TITLE <b>TD</b>	<input type="checkbox"/> DELETE <b>AKHTARKHAVARI, ROSA 409 W. ORANGE ST. ALTAMONTE SPRINGS FL</b>	6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LEVY, BENJAMIN 121 DONEGAL AVENUE LAKE MARY, FL 32746 - 3313</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Francine Levy LEVY, FRANCINE APRIL 28, 1998  
(407) 323-6805

CR2E037 (10/97)