

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90266 004 ****61.25

DOCUMENT # N03126

1. Corporation Name

THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF SEMINOL
E COUNTY, FLORIDA, INC.

Principal Place of Business

121 DONEGAL AVE
LAKE MARY FL 32746
US

Mailing Address

E COUNTY WEST
P.O. BOX 951211, N/A
LAKE MARY FL 32795-1211
US



2. Principal Place of Business

21 1207 CLUBSIDE DRIVE

Suite, Apt. #, etc.

22

City & State

23 LONGWOOD, FL 32779

Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/16/1984

4. FEI Number

36-2718769

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

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

MRS AKHAVAN, GISSOO

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

1207 CLUBSIDE DRIVE

83

84 City

LONGWOOD

FL

85 Zip Code

32779

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

* [Signature]

Gissoo Farhan-Akhavan

* Apr. 26, 99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LEVY, BENJAMIN
STREET ADDRESS 121 DONEGAL AVE.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE SD ☒ DELETE

NAME LEVY, FRANCINE
STREET ADDRESS 121 DONEGAL AVE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE CD ☒ DELETE

NAME COLLESTAN, REZVANIEH
STREET ADDRESS 206 LAKE GENE DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VCD ☐ DELETE

NAME MARSHALL, ZEENA
STREET ADDRESS 1810 MARKHAM WOODS RD
CITY-ST-ZIP LONGWOOD FL 32779

TITLE TD ☐ DELETE

NAME SAKHITABE, FARHAD
STREET ADDRESS 1710 OVERLOOK DR
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ DELETE

NAME LEVY-NELSON, MARTINE
STREET ADDRESS 121 DONEGAL AVE
CITY-ST-ZIP LAKE MARY FL 32746

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SD ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE CD ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *

* [Signature]

Apr. 26, 99

786-6168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)