2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N03126

Entity Name: THE SPIRITUAL ASSEMBLY OF THE BAHA'IS OF SEMINOLE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

3522 FALLING ACORN CIRCLE
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

E COUNTY WEST
P.O. BOX 951211, N/A
LAKE MARY, FL 327951211 US

New Mailing Address:

FEI Number: 36-2718769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIRSHEMIRANI, RUHIYEH
3522 FALLING ACORN CIRCLE
LAKE MARY, FL 32746

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:	MIRSHEMIRANI, RUHIYEH	
Address:	3522 FALLING ACORN CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	KISWANI, NORA	
Address:	3900 WIMBLEDON DRIVE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	CD	( ) Delete
Name:	SADRI, LIDA	
Address:	412 WILDERNESS DR.	
City-St-Zip:	LONGWOOD, FL 32746	
Title:	D	( ) Delete
Name:	MARSHALL, ZEENA	
Address:	1810 MARKHAM WOODS RD	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	( ) Delete
Name:	MARSHALL, DAVID	
Address:	1810 MARKHAM WOODS RD	
City-St-Zip:	LONGWOOD, FL 32779	

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:	

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: LIDA SADRI CEO 04/26/2004
Electronic Signature of Signing Officer or Director — Date