

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03126

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF SEMINOLE COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

412 WILDERNESS DRIVE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

412 WILDERNESS DRIVE  
LONGWOOD, FL 32779 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:**

MANSFIELD, LIDA  
412 WILDERNESS DRIVE  
LONGWOOD, FL 32779 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: CD ( ) Delete  
Name: AKHTARKHAVARI, REDWAN  
Address: 409 W ORANGE ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D ( ) Delete  
Name: KISWANI, NORA  
Address: 3900 WIMBLEDON DRIVE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: D ( ) Delete  
Name: MANSFIELD, LIDA  
Address: 412 WILDERNESS DR.  
City-St-Zip: LONGWOOD, FL 32746 US

Title: D ( ) Delete  
Name: MARSHALL, ZEENA  
Address: 1810 MARKHAM WOODS RD  
City-St-Zip: LONGWOOD, FL 32779 US

Title: D ( ) Delete  
Name: MARSHALL, DAVID  
Address: 1810 MARKHAM WOODS RD  
City-St-Zip: LONGWOOD, FL 32779 US

Title: D ( ) Delete  
Name: HOSSEINI, AHMAD  
Address: 409 W ORANGE ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

**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 exemption stated 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 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 MANSFIELD

TRSR

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date