2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N03126

Entity Name: THE SPIRITUAL ASSEMBLY OF THE BAHA'IS 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 MRS. 04/06/2009

Electronic Signature of Signing Officer or Director — Date