

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03126

**FILED**  
**Apr 29, 2011**  
**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:** D  
**Name:** WORMLEY, ROBERT  
**Address:** 180 TOLL GATE TRAIL  
**City-St-Zip:** LONGWOOD, FL 32750 US

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

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

**Title:** CD  
**Name:** SADRI, AMIN  
**Address:** 412 WILDERNESS DR.  
**City-St-Zip:** LONGWOOD, FL 32779 US

**Title:** D  
**Name:** WORMLEY, SUSAN  
**Address:** 180 TOLL GATE TRAIL  
**City-St-Zip:** LONGWOOD, FL 32750 US

**Title:** D  
**Name:** KISWANI, NADIA  
**Address:** 3900 WIMBLEDON DRIVE  
**City-St-Zip:** LAKE MARY, FL 32746 US

I hereby 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 all other like empowered.

**SIGNATURE:** LIDA MANSFIELD

TRSR

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date