

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

4/ May 04, 2006 8:00 am
Secretary of State

04-17-2006 90380 022 ****61.25

DOCUMENT # N05000011350					
1. Entity Name SPIRITUAL ASSEMBLY OF THE BAHAI'S OF BOCA RATON, FLORIDA, INC.					
Principal Place of Business 21520 LAGUNA DRIVE BOCA RATON, FL 33433-2348			Mailing Address 21520 LAGUNA DRIVE BOCA RATON, FL 33433-2348		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0497810	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TARAFDAR, IRIS 21520 LAGUNA DRIVE BOCA RATON, FL 33433-2348			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHRM IZADYAR, MONICA 2801 NW 28TH ST. BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T IZADYAR, RUHULLAH 2801 NW 28TH ST. BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TARAFDAR, IRIS 21520 LAGUNA DRIVE BOCA RATON, FL 334332348		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>IRIS TARAFDAR</i>			Date: 4/15/06		
(Signature and Typed or Printed Name of Issuing Officer or Director)			(Daytime Phone #) 488-1949		