FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

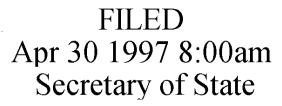
N18638

(9)

THE SPIRITUAL ASSEMBLY OF THE BAHA'IS OF POMPANO BEACH, FLORIDA, INC.

Principal Place of Business

Mailing Address





2650 N.E. 19TH STREET POMPANO BEACH FL 33062-3019		2650 N.E. 19TH STREET POMPANO BEACH FL 33062-3019						
					3. Date Incorporated or Qualified 01/07/1987	3a. Date of Last Re 04/17/199	port 6	
—————	lace of Business	2a. Mailing Address			4. FEI Number 59-2810000	 	olied For	
21 Cuito Ant	A ata	Suite Ant # ote			39 20 10000		Applicable	
Suite, Apt.		Suite, Apt. #, etc.	····		5. Certificate of Status Desired			
City & State	В	City & State			6. Election Campaign Financing	" pmg " " " " " " " " " " " " " " " " " " "		
23 Z _i p	Country	28	Zip Country		Trust Fund Contribution			
24	25	29	30		Fiorida Statutes			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent			
			8	Name			1	
	NDES, ANNALEAN		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
2650 N.E. 19 ST.			ļ <u>.</u>	83				
POMPAN	IO BEACH FL 33062							
_			84			FL 85 Zip C		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Annalean Schwander Annalean U. Schwander Signature, typed or profiled name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	S IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE		Cod car Dannis	☐ Change	Addition	
NAME			1.2 NAME		God sey Dennis 900 sw 13 m Court			
STREET ADORESS	POMPANO PERON EL			T ADDRESS	Pombana Beach, FL 33060			
CITY-ST-ZIP			1.4 CITY-			☐ Change	Addition	
TITLE	COURTAINDED ANNIAL PARI		2.1 TITLE		DBlakeny, Liz	Cuange	LOS ADDITION	
NAME STREET ADDRESS	2650 N.E. 19TH STREET		2.2 NAME	T ADDRESS	1481 NR 27 "Street			
CITY-S1-ZIP	POMPANO BEACH FL		2.4 CHTY		Pompano Beach ,	FL 33064	Ì	
TITLE			3.1 TITLE		······································	Change	Addition	
NAME	VENTERS, JOHN		3.2 NAME	. [į	
STREET ADDRESS			33 STRE	T ADDRESS				
CITY-S1-ZIP			3.4. CITY	-ST-ZIP				
TITLE	D X DELETE		4.1 TITLE	1		Change	L. Addition	
NAME	LUCCI, HELEN		4. 2 NAM	1				
STREET ADDRESS	777 S.FEDERAL HWY.			T ADDRESS				
CITY-S1-ZIP	POMPANO BEACH FL	DELETE	4.4 CITY-			Change	Addition	
TITLE			5.1 TITLE 5.2 NAME			First Cuttinitie	TOURION	
NAME STREET ADDRESS				ET ADDRESS			į	
CITY-ST-ZIP			5.4 City					
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			62 NAMI					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 Crty	ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.