

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18638

1. Entity Name

THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF POMPANO

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90053 028 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2810000

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWANDES, ANNALEAN
2650 N.E. 19 ST.
POMPANO BEACH FL 33062

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHWANDES, ELMER	
STREET ADDRESS	2650 N.E. 19TH STREET	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHWANDES, ANNALEAN	
STREET ADDRESS	2650 N.E. 19TH STREET	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GADSEY, DENNIS	
STREET ADDRESS	900 SW 13TH COURT	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKENY, LIZ	
STREET ADDRESS	1481 NE 27TH ST	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Elmer Schwandes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

954 941 6052

Daytime Phone #

CR-1017 (9/99)