

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N18638**

1. Entity Name  
**THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF  
POMPANO BEACH, FLORIDA, INC.**



Principal Place of Business  
**2650 N.E. 19TH STREET  
POMPANO BEACH, FL 33062-3019**

Mailing Address  
**2650 N.E. 19TH STREET  
POMPANO BEACH, FL 33062-3019**



03282004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2810000**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHWANDES, ELMER 2650 N.E. 19TH STREET POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHWANDES, ANNALEAN 2650 N.E. 19TH STREET POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GODSEY, DENNIS 900 SW 13TH STREET POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEINRICH, THOMAS 1370 SE 3RD TERRACE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000137261  
04/28/04-80032-020 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 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:**

*Dennis Godsey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-04-04*  
Date

*954-254-4033*  
Daytime Phone #