

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N18638**

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



FILED

05 SEP 23 PM 5:59

SECRET  
TALLAHASSEE, FLORIDA

*[Handwritten initials]*



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

2. Principal Place of Business  
**900 SW 13 street**

3. Mailing Address  
**900 SW 13 street**

Suite, Apt. #, etc.

09212005 REIN-NP CR2E099 (6/04)

City & State  
**Pompano Beach**

City & State  
**Pompano Beach**

Zip  
**33060**

Country  
**USA**

Zip  
**33060**

Country  
**USA**

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

7. Name and Address of New Registered Agent

Name **Denise Godsey**

Street Address (P.O. Box Number is Not Acceptable)  
**900 SW 13 street**

City **Pompano Beach FL** Zip Code **33060**

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 *Denise Godsey* **Denise Godsey** 9/21/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2006, Fee will be \$297.50

**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	TD SCHWANDES, ELMER 2650 N.E. 19TH STREET POMPANO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dennis Godsey 900 SW 13 street Pompano Beach, FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWANDES, ANNALEAN 2650 N.E. 19TH STREET POMPANO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD/CD Denise Godsey 900 SW 13 street Pompano Beach, FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GODSEY, DENNIS 900 SW 13TH STREET POMPANO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Thomas Heinrich 140 Cypress Club Dr Apt 405 Pompano Beach, FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINRICH, THOMAS 1370 SE 3RD TERRACE POMPANO BEACH, FL 33060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Darius Dauer 900 SW 13 street Pompano Beach, FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eliseo Cruz 900 SW 13 street Pompano Beach, FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Denise Godsey* **Denise Godsey** 9/21/05 **942-1844**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #