

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 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
900 S.W. 13TH STREET
POMPANO BEACH, FL 33060

Mailing Address
900 S.W. 13TH STREET
POMPANO BEACH, FL 33060



08172006 No Chg-NP

CR2E037 (4/06)

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

GODSEY, DENISE
900 S.W. 13TH STREET
POMPANO BEACH, FL 33060

**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 Denise Godsey
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

8/17/06
DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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 GODSEY, DENNIS 900 S.W. 13TH STREET POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDC GODSEY, DENISE 900 S.W. 13TH STREET POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEINRICH, THOMAS 140 CYPRESS CLUB DR., APT. #405 POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUER, DARIUS 900 S.W. 13TH STREET POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, ELISEO 900 S.W. 13TH STREET POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/22/06-80004-002 61.25

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IN THIS SPACE**

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: Denise Godsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/06 9549421844
Date Daytime Phone #