FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N25317 (1)

1. Corporation Name

THE SPIRITUAL ASSEMBLY OF THE BAHA'IS OF PALM BEACH COUNTY CENTRAL, INC.

Principal Place of Business	Mailing Address
5835 DRYDEN RD P.O. BOX 5354 WEST PALM BCH FL 33466	5835 DRYDEN RD P.O. BOX 5354 WEST PALM BCH FL 33466

3. Date Incorporated or Qualified: 03/10/1988
3a. Date of Last Report: 04/21/1994

4. FEI Number: 36-2170876 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23): SAME AS ABOVE	City & State (28): SAME AS ABOVE
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BECKMON, JAMES EARL
5835 DRYDEN RD
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name: James Earl Beckmon
82 Street Address (P.O. Box Number is Not Acceptable): 5835 Dryden Road
83
84 City: West Palm Beach FL 85 Zip Code: 33415

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 607.0505, Florida Statutes.

SIGNATURE: James Earl Beckmon — 5-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVC	11 TITLE	DVC	☐ Change ☑ Addition
NAME	MONAWAR, STEEL	12 NAME	Rohani, Elizabeth	
STREET ADDRESS	9935 PINEAPPLE TREE DR #208	13 STREET ADDRESS	951 ARLington DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	14 CITY-ST-ZIP	West Palm Beach, FL. 33415	
TITLE	TD	21 TITLE	TD	☑ Change ☐ Addition
NAME	BECHMAN, JAMES EARL	22 NAME	BecKmon, James E.	
STREET ADDRESS	5835 DRYDEN ROAD	23 STREET ADDRESS	5835 Dryden Road	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	West Palm Beach, VA. 33415	
TITLE	SD	31 TITLE	SD	☐ Change ☐ Addition
NAME	OLIVER, GINA	32 NAME	MASSey, Paige	
STREET ADDRESS	1910 SANDRA LANE	33 STREET ADDRESS	4114 Selberg LN	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	Lake Worth Fl 33461	
TITLE	CD	41 TITLE	D	☐ Change ☐ Addition
NAME	ROHANI, SAMAN	42 NAME	Rohani Saman	
STREET ADDRESS	951 ARLINGTON DR.	43 STREET ADDRESS	951 Arlington Dr	
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP	West Palm Bch Fl	
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	AMAICA, FEQUIERE	52 NAME	Fequiere, Anaca	
STREET ADDRESS	5233 CAMMOMWAY	53 STREET ADDRESS	5233 Cannon Way	
CITY-ST-ZIP	W. PALM BCH FL 33415	54 CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	D	61 TITLE	CD	☑ Change ☐ Addition
NAME	STEPHEN, SCHNEIDEN	62 NAME	Massey, William	
STREET ADDRESS	5793 E. ELLIS HOLLOW RD	63 STREET ADDRESS	4114 Selberg LN	
CITY-ST-ZIP	LAKE WORTH FL FL 33415	64 CITY-ST-ZIP	LAKE WORTH, FL. 33461	

RECEIVED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Saman Rohani — 5/1/95 — 407)684-4039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051042