FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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: 05/01/1995
4. FEI Number: 36-2170876	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: James Beckmon — DATE: 3-31-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROHANI, ELIZABETH		1.2 NAME		
STREET ADDRESS	951 ARLINGTON DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	BECHMAN, JAMES EARL		2.2 NAME	Beckmon, James Earl	
STREET ADDRESS	5835 DRYDEN ROAD		2.3 STREET ADDRESS	5835 Dryden Road	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		2.4 CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MASSEY, PAIGE		3.2 NAME		
STREET ADDRESS	4114 SELBERG LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROHANI, SAMAN		4.2 NAME		
STREET ADDRESS	951 ARLINGTON DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	AMAICA, FEQUIERE		5.2 NAME	ANAICA, FEQUIERE	
STREET ADDRESS	5233 CAMMOMWAY		5.3 STREET ADDRESS	5233 CANNONWAY	
CITY-ST-ZIP	W. PALM BCH FL 33415		5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	CD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MASSEY, WILLIAM		6.2 NAME		
STREET ADDRESS	4114 SELBERG LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL FL 33416		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: James Beckmon — 3-31-96 — 407-683-0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #