

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N25317** (1)

1. Corporation Name

**THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF PALM BEACH COUNTY CENTRAL, INC.**



|                                                           |                                                                |
|-----------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business                               | Mailing Address                                                |
| 5835 DRYDEN RD<br>P.O. BOX 5354<br>WEST PALM BCH FL 33466 | 5835 DRYDEN RD<br>P.O. BOX 5354<br>WEST PALM BCH FL 33466-5354 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 5835 Dryden Rd.             | 26 P.O. Box 5354    |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23 West Palm Beach             | 28 Lake Worth, FL   |
| Zip                            | Zip                 |
| 24 33415                       | 29 33466-5354       |
| Country                        | Country             |
| 25 Palm Beach                  | 30 Palm Beach       |

|                                                                                         |                                |
|-----------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report        |
| 03/10/1988                                                                              | 04/09/1996                     |
| 4. FEI Number                                                                           | Applied For                    |
| 36-2470876 65-0726650                                                                   | Not Applicable                 |
| 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required |
|                                                                                         |                                |
| 6. Election Campaign Financing                                                          | \$5.00 May Be Added to Fees    |
| Trust Fund Contribution                                                                 |                                |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes No                         |
|                                                                                         |                                |

|                                                                   |                                                       |
|-------------------------------------------------------------------|-------------------------------------------------------|
| 9. Name and Address of Current Registered Agent                   | 10. Name and Address of New Registered Agent          |
| BECKMON, JAMES EARL<br>5835 DRYDEN RD<br>WEST PALM BEACH FL 33415 | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                               |
|----------------------------|-----------------------------------------------|
| TITLE                      | DVC <input type="checkbox"/> DELETE           |
| NAME                       | ROHANI, ELIZABETH                             |
| STREET ADDRESS             | 951 ARLINGTON DR.                             |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33415                      |
| TITLE                      | TD <input type="checkbox"/> DELETE            |
| NAME                       | BECKMON, JAMES EARL                           |
| STREET ADDRESS             | 5835 DRYDEN ROAD                              |
| CITY-ST-ZIP                | WEST PALM BEACH FL                            |
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE |
| NAME                       | MASSEY, PAIGE                                 |
| STREET ADDRESS             | 4114 SELBERG LANE                             |
| CITY-ST-ZIP                | LAKE WORTH FL 33461                           |
| TITLE                      | D <input type="checkbox"/> DELETE             |
| NAME                       | ROHANI, SAMAN                                 |
| STREET ADDRESS             | 951 ARLINGTON DR.                             |
| CITY-ST-ZIP                | WEST PALM BEACH FL                            |
| TITLE                      | D <input type="checkbox"/> DELETE             |
| NAME                       | ANAICA, FEQUIERE                              |
| STREET ADDRESS             | 5233 CANNONWAY                                |
| CITY-ST-ZIP                | W. PALM BCH FL                                |
| TITLE                      | CD <input checked="" type="checkbox"/> DELETE |
| NAME                       | MASSEY, WILLIAM                               |
| STREET ADDRESS             | 4114 SELBERG LN                               |
| CITY-ST-ZIP                | LAKE WORTH FL FL 33416                        |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                                  |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 1.1 TITLE                                             | S Rohani, Elizabeth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              | 951 ARLINGTON DR                                                                                 |
| 1.3 STREET ADDRESS                                    | W. Palm Beach, FL 33415                                                                          |
| 1.4 CITY-ST-ZIP                                       |                                                                                                  |
| 2.1 TITLE                                             |                                                                                                  |
| 2.2 NAME                                              |                                                                                                  |
| 2.3 STREET ADDRESS                                    |                                                                                                  |
| 2.4 CITY-ST-ZIP                                       |                                                                                                  |
| 3.1 TITLE                                             | D Mona Steel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| 3.2 NAME                                              | 9935-4 Pineapple Tree Dr. #208                                                                   |
| 3.3 STREET ADDRESS                                    | Boynton Beach, FL 33436-3529                                                                     |
| 3.4 CITY-ST-ZIP                                       |                                                                                                  |
| 4.1 TITLE                                             | T Saman Rohani <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| 4.2 NAME                                              | 951 ARLINGTON DR.                                                                                |
| 4.3 STREET ADDRESS                                    | W. Palm Beach, FL 33415                                                                          |
| 4.4 CITY-ST-ZIP                                       |                                                                                                  |
| 5.1 TITLE                                             |                                                                                                  |
| 5.2 NAME                                              |                                                                                                  |
| 5.3 STREET ADDRESS                                    |                                                                                                  |
| 5.4 CITY-ST-ZIP                                       |                                                                                                  |
| 6.1 TITLE                                             | D Evelyn Schultz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| 6.2 NAME                                              | 4120 Kirkland Lane                                                                               |
| 6.3 STREET ADDRESS                                    | LAKE WORTH, FL 33461                                                                             |
| 6.4 CITY-ST-ZIP                                       |                                                                                                  |

14. I do 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 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.

CR2E037 (9/96)