FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N25317

(1)

	SPIRITUAL ASSEMBLY COUNTY CENTRAL, II	OF THE BAHA'IS OF	{ 							
Principal Pla	ce of Business	Mailing Address	Mailing Address				/BI) 1861 81811	01814 01811 01011 01011 03011 1001		
5835 DRYDEN WEST PALM I US	I RD BCH FL 33415	PO BOX 5354 LAKE WORTH FL US	LAKE WORTH FL 33466-5354			3. Date Incorporated or Qualific 03/10/1988 4. FEI Number 65-0726650	4. FEI Number Applied For			
2. Principal Place of Business 21		2a. Mailing Add	2e. Mailing Address 26			5. Certificate of Status Desired	V	\$8.75 Additional Fee Required		
Sulte, Apt	t. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	。 □	\$5.00 May Be Added to Fees		
City & Sta	ate	City & State	├ ──			7. Is this nonprofit corporation	7. Is this nonprofit corporation a homeowners association?			
Zip 24	Country 25	Zip Cou 29 30			/		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes X No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
BECKMON, JAMES EARL					Name Street	Address (P.O. Box Number is Not Acce	ptable)			
5835 DRYDEN RD WEST PALM BEACH FL 33415				B3						
:				84	***		F	— 1 1		
		s 617.0502 and 617.1508, Flori the State of Florida. Such char the obligations of, Section 617	da Statutes, t ige was auth .0503, Florida	the abov orized b a Statute	e-named y the cor s.	d corporation submits this statement for tr poration's board of directors. I hereby a	ne purpose ocept the a	e of changing Its registered appointment as registered		
SIGNATURE	Signature, typed or printed name of re	poistered agent and title If applicable.	(NOTE: Pa	gistered An	ent signatur	re required when reinstating)	DATE	<u> </u>		
12.		CERS AND DIRECTORS	Ç.101E.11B	13.		ADDITIONS/CHANGES TO O				
TITLE				1.1 TITLE		57		∠ Change		

SIGNATURE _								
	Signature, typed or printed name of registered agent and title if appli			required when reinstating) DATE				
12.	OFFICERS AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DVC	☐ DELETE	1.1 TITLE	510	Change	☐ Addition		
NAME	ROHANI, ELIZABETH		12 NAME	Rohani, Elizabeth				
STREET ADDRESS	951 ARLINGTON DR.		1.3 STREET ADDRESS	951 Arlington Dr.]		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		1.4 CITY - ST - ZIP	Wast Palm Beach FL 33415				
TITLE	TD	DELETE	2.1 TITLE	VD	∠Change	Addition		
NAME	BECKMON, JAMES EARL		2.2 NAME	Becknon, James E.				
STREET ADDRESS	5835 DRYDEN ROAD		2.3 STREET ADDRESS	5835 Dryden Rd.				
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-ST-ZIP	West PAIM BRACK FL 33415				
TITLE	D Steel	DELETE	3.1 TITLE	C	Change	Addition		
NAME	STEAL, MONA		3.2 NAME	Steel, MONA	at a sent			
STREET ADDRESS	9935-4 PINEAPPLE TREE DR #208		3.3 STREET ADDRESS	Steel, Mona 9935-4 Pineapple Tree Dr.	# 908			
CITY-ST-ZIP	BOYNTON BCH FL		3.4. CITY-ST-ZIP	Boundon Beach FL 33436-	3596			
TITLE	T	DELETE	4.1 TITLE	J	Change	Addition		
NAME	ROHANI, SAMAN		4. 2 NAME	The grant of				
STREET ADDRESS	951 ARLINGTON DR.		4.3 STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP					
TITLE	D	DELETE	5.1 TITLE	SD.	Change	Addition		
NAME	ANAICA, FEQUIERE	•	5.2 NAME	Familie, Tarineh		J		
STREET ADDRESS	5233 CANNONWAY		5.3 STREET ADDRESS	4749 Bacidon Place				
CITY-ST-ZIP	W. PALM BCH FL		5.4 CITY-ST-ZIP	LAKE WORTH, FL 33463-7219				
TITLÉ	D	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME	SCHULZ, EVELYN		6.2 NAME					
STREET ADDRESS	4120 KIRKLAND LANE		6.3 STREET ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL FL		6.4 CITY - ST - ZIP					

4. 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 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:

Clirabeth Robani

Jan, 27, 1998 (

(56) 471-9079

FILED

Mar 03 1998 8:00am

Secretary of State

3R2E037 (10/97)