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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25317**

1. Corporation Name

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

Principal Place of Business	Mailing Address
5835 DRYDEN RD WEST PALM BCH FL 33415 US	PO BOX 5354 LAKE WORTH FL 33466-5354 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/10/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0726650 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
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	SD	☐ 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	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BECKMON, JAMES EARL		2.2 NAME		
STREET ADDRESS	5835 DRYDEN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		2. 4 CITY-ST-ZIP		
TITLE	C	☑ DELETE	3.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	STEEL, MONA		3.2 NAME	~~Amin~~ Jalali, Amin	
STREET ADDRESS	9935-4 PINEAPPLE TREE DR #208		3.3 STREET ADDRESS	11211 S. military Trail	
CITY-ST-ZIP	BOYNTON BCH FL 33436		3.4. CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE	T	☐ DELETE	4.1 TITLE	Chairman	☑ Change ☐ Addition
NAME	ROHANI, SAMAN		4. 2 NAME	Rohani, Saman	
STREET ADDRESS	951 ARLINGTON DR.		4.3 STREET ADDRESS	951 Arlington Dr.	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	W. Palm Beach FL 33415	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FAMILIE, TARINEH		5.2 NAME		
STREET ADDRESS	4749 POSEIDON ARCE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33463		5.4 CITY-ST-ZIP		
TITLE	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		

CR2E037 (11/98)

14. 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, with all other like empowered.

SIGNATURE: Elizabeth R Rohani RED 1-30-99 (561) 471-9079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #