


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90031 034 ****70.00

DOCUMENT # N41933 1. Entity Name THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF PLANTATION, FLORIDA, INC.																																																																																																																													
Principal Place of Business 1031 S.W. 67 TERR. PLANTATION, FL 33317			Mailing Address 1031 S.W. 67 TERR. PLANTATION, FL 33317																																																																																																																										
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
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4. FEI Number 65-0180992				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent EARNST, MARY 500 SE 15 STREET SUITE #106 FT. LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">C</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CANTVILLE, COVEY H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1031 SW 67TH TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VC</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GRANT, FRANK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10504 NW 10 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33322</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>YOUNG, RODNEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7241 N W 6 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CANTVILLE, SUZANNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1031 SW 67TH TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOWELL, LEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>934 NW 92 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33324</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAYNER, CHRISTINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6200 CYPRESS ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">C</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SHERVIN SABRIPOUR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10050 NW 3 COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33324</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	C	<input type="checkbox"/> Delete	NAME	CANTVILLE, COVEY H		STREET ADDRESS	1031 SW 67TH TERRACE		CITY-ST-ZIP	PLANTATION, FL 33317		TITLE	VC	<input type="checkbox"/> Delete	NAME	GRANT, FRANK		STREET ADDRESS	10504 NW 10 STREET		CITY-ST-ZIP	PLANTATION, FL 33322		TITLE	S	<input type="checkbox"/> Delete	NAME	YOUNG, RODNEY		STREET ADDRESS	7241 N W 6 STREET		CITY-ST-ZIP	PLANTATION, FL 33317		TITLE	T	<input type="checkbox"/> Delete	NAME	CANTVILLE, SUZANNE		STREET ADDRESS	1031 SW 67TH TERRACE		CITY-ST-ZIP	PLANTATION, FL 33317		TITLE	AS	<input checked="" type="checkbox"/> Delete	NAME	HOWELL, LEE		STREET ADDRESS	934 NW 92 TERRACE		CITY-ST-ZIP	PLANTATION, FL 33324		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	RAYNER, CHRISTINE		STREET ADDRESS	6200 CYPRESS ROAD		CITY-ST-ZIP	PLANTATION, FL 33317		TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SHERVIN SABRIPOUR		STREET ADDRESS	10050 NW 3 COURT		CITY-ST-ZIP	PLANTATION, FL 33324		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
SIGNATURE: <i>Suzanne H Cantville</i> 1/24/05 (954) 581-4921 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													