

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000002675 (5)

1. Corporation Name

LOCAL SPIRITUAL ASSEMBLY OF THE BAHAI'S OF SUNRI  
SE, FLA, INC.

Principal Place of Business

% TONI MAYER  
4364 NW 103 TERRACE  
SUNRISE FL 33351

Mailing Address

% TONI MAYER  
4364 NW 103 TERRACE  
SUNRISE FL 33351



3. Date incorporated or Qualified  
06/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8755 N.W 36 St.

26 8755 N.W 36 St.

4. FEI Number

☒ 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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
Sunrise FL

28 City & State  
Sunrise FL

24 Zip 33351

29 Zip 33351

25 Country U.S.A

30 Country U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
e/o Susan Farahvashi

82 Street Address (P.O. Box Number is Not Acceptable)  
8755 N.W 36 St.

83 Sunrise

84 City Sunrise

FL 85 Zip Code  
33351

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 Susan Akhtar Khavari Farahvashi Susan Akhtar Khavari Farahvashi 4/26/96  
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 S  
NAME MAYER, TONI  
STREET ADDRESS 4364 NW 103 TERRACE  
CITY-ST-ZIP SUNRISE FL 33351 ☒ DELETE

TITLE C  
NAME WOODS, GREG  
STREET ADDRESS 631 SW 158 LN.  
CITY-ST-ZIP SUNRISE FL 33326 ☐ DELETE

TITLE T  
NAME ZAREEY, FAEZEH  
STREET ADDRESS 15701 W. WATERSIDE CIRCLE, APT. 106  
CITY-ST-ZIP SUNRISE FL 33326 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE S  
1.2 NAME Susan Farahvashi  
1.3 STREET ADDRESS 8755 N.W 36 St.  
1.4 CITY-ST-ZIP Sunrise FL 33351 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Susan Akhtar Khavari Farahvashi Susan Akhtar Khavari Farahvashi (954) 587-7627  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)