

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000004672 (0)**

1. Corporation Name

**THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF BROWARD
COUNTY SOUTH, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**470 LAKETREE DRIVE
FT. LAUDERDALE FL 33326-1707**

**470 LAKETREE DRIVE
FT. LAUDERDALE FL 33326-1707**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1995	3a. Date of Last Report 12/20/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0230038		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ASBAGHI, SIROOS
470 LAKETREE DRIVE
FT. LAUDERDALE FL 33326**

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

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	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAREEY, FARAMARZ	1.2 NAME	
STREET ADDRESS	1181 HIDDEN VALLEY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSSEINI, HEATHER	2.2 NAME	
STREET ADDRESS	1569 ISLAND WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33336	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSSEINI, SAMANDAR	3.2 NAME	
STREET ADDRESS	1569 ISLAND WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASBAGHI, SIROOS	4.2 NAME	
STREET ADDRESS	470 LAKETREE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLAH, ROYA	5.2 NAME	
STREET ADDRESS	1004 PINE BRANCH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	5.4 CITY-ST-ZIP	
TITLE	DC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITHWAITE, SYLVESTER	6.2 NAME	
STREET ADDRESS	3272 MURFIELD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	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.

SIGNATURE *[Signature]* Director 2/12/97 335666-307

CR2E037 (9/96)