

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004672 (0)**  
1. Corporation Name

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

Principal Place of Business <b>470 LAKETREE DRIVE FT. LAUDERDALE FL 33326-1707</b>	Mailing Address <b>470 LAKETREE DRIVE FT. LAUDERDALE FL 33326-1707</b>
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3. Date Incorporated or Qualified <b>10/02/1995</b>	
4. FEI Number <b>65-0230038</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>ZAREEY, FARAMARZ</b>	
STREET ADDRESS	<b>1181 HIDDEN VALLEY</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOSSEINI, HEATHER</b>	
STREET ADDRESS	<b>1569 ISLAND WAY</b>	
CITY-ST-ZIP	<b>WESTON FL 33336</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HOSSEINI, SAMANDAR</b>	
STREET ADDRESS	<b>1569 ISLAND WAY</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ASBAGHI, SIROOS</b>	
STREET ADDRESS	<b>470 LAKETREE DRIVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33326</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FALLAH, ROYA</b>	
STREET ADDRESS	<b>1004 PINE BRANCH DRIVE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>BREITHWAITE, SYLVESTER</b>	
STREET ADDRESS	<b>3272 MURFIELD</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0037787**

CR2E037 (10/97)