

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90126 001 \*\*\*\*61.25

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1. Corporation Name

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

Principal Place of Business  
470 LAKETREE DRIVE  
FT. LAUDERDALE FL 33326-1707

Mailing Address  
470 LAKETREE DRIVE  
FT. LAUDERDALE FL 33326-1707



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 470 Laketree Dr.		26 P.O. Box 266293		10/02/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0230038	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Weston FL		28 Weston FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 33326		29 33326		30 USA	
Country		Country			
25 USA		30 USA			

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
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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" 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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	3.1 TITLE	C <input checked="" 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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITHWAITE, SYLVESTER	6.2 NAME	Shereen Bahai Rahmani
STREET ADDRESS	3272 MURFIELD	6.3 STREET ADDRESS	4010 Turquoise Trail
CITY-ST-ZIP	WESTON FL 33326	6.4 CITY-ST-ZIP	Weston FL 33331

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99  
Date

954-385-8863  
Daytime Phone #

CR2E037 (11/98)