

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90032 029 ****70.00

DOCUMENT # N98000000542

1. Corporation Name

THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF ROYAL P
ALM BEACH, FLORIDA, INC.

Principal Place of Business

PO BOX 211235
WEST PALM BEACH FL 33421

Mailing Address

PO BOX 211235
WEST PALM BEACH FL 33421

125297-90032-29 7 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/29/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

91-1861356

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORNWELL, TIM
160 ROYAL PINE CIRCLE SOUTH
ROYAL PALM BEACH FL 33411

81 Name

ANNE LIEBERMANN

82 Street Address (P.O. Box Number is Not Acceptable)

111 RAINFOREST CT.

83

84 City

ROYAL PALM BEACH, FL

85 Zip Code

33411

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 Leslie Anne Liebermann
Signature, typed or printed name of registered agent and title if applicable.

Leslie Anne Liebermann
(NOTE: Registered Agent signature required when reinstating)

1-25-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME LIEBERMANN, TIM
STREET ADDRESS 111 RAINFOREST CT
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME LIEBERMANN, ANNE
STREET ADDRESS 111 RAINFOREST CT
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

2.1 TITLE T/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS SAME AS ON LEFT
2.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME CORNWELL, TIM
STREET ADDRESS 160 ROYAL PINE CIRCLE SO.
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

3.1 TITLE S/D ☐ Change ☒ Addition
3.2 NAME JIM SORRENTINO
3.3 STREET ADDRESS 237 BILBAO ST.
3.4 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: TIMOTHY D. LIEBERMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY D. LIEBERMANN
January 26, 1999 561-682-2986
Date Daytime Phone #

CR2E037 (11/98)