


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

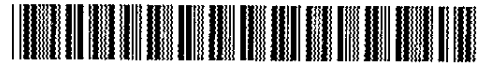
DOCUMENT # N99000005500
 1. Entity Name
MAGDALENE CARNEY BAHAI INSTITUTE, INC.



Principal Place of Business
6002 SUMMIT BLVD
WEST PALM BEACH, FL 33415

Mailing Address
6002 SUMMIT BLVD
WEST PALM BEACH, FL 33415

DO NOT WRITE IN THIS SPACE



04162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0987442

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORNWELL, CHARLES C
7369 WESTPORT PLACE
WEST PALM BEACH, FL 33413

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000122387
 04/21/04-80027-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CORNWELL, CHARLES C
STREET ADDRESS	7369 WESTPORT PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	D
NAME	BAUMAN, RICHARD
STREET ADDRESS	3746 PINCKNEY ISLAND COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	GUCHANI-ROSENBERG, FARAH
STREET ADDRESS	4481 CAMROSE LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	D
NAME	BROWNSTEIN, TED
STREET ADDRESS	720 SNOWDEN DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	D
NAME	STAFFORD, HARRIET
STREET ADDRESS	3407 SOUTHWEST 1ST WAY
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Charles C. Cornwell** **4/16/04** **561-845-0123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #