## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007669

FILED Jan 19, 2009 Secretary of State

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHA'IS OF PINELLAS COUNTY FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 838 CENTERWOOD DRIVE TARPON SPRINGS, FL 34688 **Current Mailing Address: New Mailing Address:** 838 CENTERWOOD DRIVE TARPON SPRINGS, FL 34688 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAHMAN, JANE 838 CENTERWOOD DRIVE TARPON SPRINGS, FL 34688 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete AZIZI, BEVERLY Name: Name: 4902 JEWELL TERRACE Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: VAHMAN, JANE Name: Address: 838 CENTERWOOD DRIVE Address: City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition VAHMAN, JAMSHID Name: VAHMAN, JAMSHID Name: 838 CENTERWOOD DRIVE 838 CENTERWOOD DRIVE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688 Title: () Delete Title: (X) Change ( ) Addition Name: GHEYSARI, IRAJ Name: GHEYSARI, IRAJ 1126 DARTFORD DR 1126 DARTFORD DR Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688 Title: () Delete Title: () Change () Addition SABERIN, LILIANE Name: Name: 2098 DIAMOND CT Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRAJ GHEYSARI T 01/19/2009