

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 470 LAKETREE DRIVE FT. LAUDERDALE FL 33326-1707	Mailing Address 470 LAKETREE DRIVE FT. LAUDERDALE FL 33326-1707
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 10/02/1995	3a. Date of Last Report 12/20/1996
4. FEI Number 65-0230038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

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 do 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 _____ DATE **2/12/97** 305666-207

CR2E037 (9/96)