

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra 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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3. Date Incorporated or Qualified 10/02/1995		
4. FEI Number 65-0230038	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 Country
24	25
29	30

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 **FL** 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	1589 ISLAND WAY
CITY-ST-ZIP	WESTON FL 33336
TITLE	S <input type="checkbox"/> DELETE
NAME	HOSSEINI, SAMANDAR
STREET ADDRESS	1589 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 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: S. BREITHWAITE DATE: 4/7/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0037787**

CR2E037 (10/97)