


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90126 001 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # N95000004672 | | |
| 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 21 470 Laketree Dr. | 2a. Mailing Address 26 P.O. Box 266293 | 3. Date Incorporated or Qualified 10/02/1995 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 4. FEI Number 65-0230038 |
| 23 City & State Weston FL | 28 City & State Weston FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Zip 33326 25 Country USA | 29 Zip 33326 30 Country USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 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 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAREEY, FARAMARZ | 1.2 NAME | D |
| STREET ADDRESS | 1181 HIDDEN VALLEY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTON FL 33326 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOSSEINI, HEATHER | 2.2 NAME | |
| STREET ADDRESS | 1569 ISLAND WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTON FL 33336 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOSSEINI, SAMANDAR | 3.2 NAME | C |
| STREET ADDRESS | 1569 ISLAND WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTON FL 33326 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ASBAGHI, SIROOS | 4.2 NAME | |
| STREET ADDRESS | 470 LAKETREE DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33326 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALLAH, ROYA | 5.2 NAME | |
| STREET ADDRESS | 1004 PINE BRANCH DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTON FL 33326 | 5.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BREITHWAITE, SYLVESTER | 6.2 NAME | S Shereen Bahai Rahmani |
| STREET ADDRESS | 3272 MURFIELD | 6.3 STREET ADDRESS | 4010 Turquoise Trail |
| CITY-ST-ZIP | WESTON FL 33326 | 6.4 CITY-ST-ZIP | Weston FL 33331 |

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: *S. Shereen Bahai Rahmani* **3/2/99** **954-385-8863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0039162
CR2E037 (1-1/98)