

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746737

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHAI'S OF
TALLAHASSEE,FLORIDA,INC.**FILED**
Mar 19, 2016
Secretary of State
CC0478962720**Current Principal Place of Business:**1310 CROSS CREEK CIR
D
TALLAHASSEE, FL 32301**Current Mailing Address:**1310 CROSS CREEK CIR
D
TALLAHASSEE, FL 32301 US**FEI Number: 59-2972846****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MALAN, RUBEN DR.
4012 FORSYTHE WAY
TALLAHASSEE, FL 32309 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**Officer/Director Detail :**Title DR.
Name MALAN, RUBEN DR.
Address 4012 FORSYTHE WAY
City-State-Zip: TALLAHASSEE FL 32309Title MR.
Name LARBI, BISMARCK
Address 1112 S. MAGNOLIA DR., APT. G 202
City-State-Zip: TALLAHASSEE FL 32301Title MS
Name LAZAROBA, LUBA
Address 633 BEARD STREET
City-State-Zip: TALLAHASSEE FL 32303Title MR
Name ZIDAK, JUSTIN
Address 2785 SUMMER MEADOW DR.
City-State-Zip: TALLAHASSEE FL 32303Title MS.
Name LARBI, RABBANI
Address 1112 S. MAGNOLIA DR., APT. G 202
City-State-Zip: TALLAHASSEE FL 32301Title MR.
Name HUTCHENS, CHRIS
Address 853 MEDICAL COMMONS ST.
City-State-Zip: TALLAHASSEE FL 32310

I hereby 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 all other like empowered.

SIGNATURE: RUBEN MALAN**TREASURER****03/19/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date