

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 06, 2006  
Secretary of State**

DOCUMENT# N00000002867

Entity Name: BARKALLAH ISLAMIC COMMUNITY CENTER OF TAMPA, INC.

**Current Principal Place of Business:**

2920 ANGELA CT  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 310743  
TAMPA, FL 33680

**New Mailing Address:**

FEI Number: 59-3678545      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JUMAH, YAKEEN  
916 YORK DR  
BRANDON, FL 33510      US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: OYEBAMIJI, RAZAQ  
Address: 2920 ANGELA COURT  
City-St-Zip: TAMPA, FL

Title: GS ( ) Delete  
Name: JUMAH, YAKEEN  
Address: 916 YORK DRIVE  
City-St-Zip: BRANDON, FL 33510

Title: T ( ) Delete  
Name: ADEROJU, FATAI  
Address: 801 FRANKFORD DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: FS ( ) Delete  
Name: ABIMBOLA, MUYIDEEN  
Address: 9061 SUNRISE DRIVE  
City-St-Zip: LARGO, FL 33773

Title: AUD ( ) Delete  
Name: BALOGUN, TAJUDEEN  
Address: 1504 SILKTREE CT.  
City-St-Zip: BRANDON, FL 33511

Title: VPS ( ) Delete  
Name: FADEYI, DAUDA  
Address: 11362 BROOKGREEN DR  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: FS (X) Change ( ) Addition  
Name: ABIMBOLA, MUIDEEN  
Address: 1313 FRANKFORD DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: YAKEEN JUMAH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

GS

03/06/2006

\_\_\_\_\_  
Date