

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90138 031 ****61.25

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DOCUMENT # N00000002867

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



Principal Place of Business
**2920 ANGELA CT
TAMPA FL 33610**

Mailing Address
**P O BOX 311262
TAMPA FL 33680**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **59-3678545** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JUMAH, YAKEEN
916 YORK DR
BRANDON FL 33510**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **JUMAH, YAKEEN
GENERAL SECRETARY** DATE: **4-29-03**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OYEBAMIJI, RAZAK	
STREET ADDRESS	2920 ANGELA COURT	
CITY-ST-ZIP	TAMPA FL	
TITLE	GS	<input type="checkbox"/> Delete
NAME	JUMAH, YAKEEN	
STREET ADDRESS	916 YORK DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADEROJU, FATAI	
STREET ADDRESS	801 FRANKFORD DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	FS	<input type="checkbox"/> Delete
NAME	ABIMBOLA, MUYIDEN	
STREET ADDRESS	2202 CANTERBURY LANE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	ED	<input type="checkbox"/> Delete
NAME	JIMOH, MUJEEB	
STREET ADDRESS	916 YORK DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VIPS	<input type="checkbox"/> Delete
NAME	FADEYI, DAUDA	
STREET ADDRESS	11362 BROOKGREEN DR.	
CITY-ST-ZIP	TAMPA FL 33624	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	AUDITOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALOGUN, TAJUDEEN	
STREET ADDRESS	1504 SILK TREE CT.	
CITY-ST-ZIP	BRANDON FL. 33511	
TITLE	VIPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FADEYI, DAUDA	
STREET ADDRESS	11362 BROOKGREEN DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JUMAH YAKEEN** DATE: **4-29-03** **813-684-4931**

CR2E037 (10/02)