

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02632

1. Corporation Name

MASJID AL-MUMININ BIL QADIR, INC.

Principal Place of Business

3762 18 A/E SOUTH
P O BOX 1173, ZIP 33731
ST PETERSBURG FL 33711

Mailing Address

3762 18 AVE SOUTH
P O BOX 1173, ZIP 33731
ST PETERSBURG FL 33711

FILED
Apr 29, 1999 8:00 am
Secretary of State

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2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		2b		04/13/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2443382	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent

ABDUL SALAAM HAMEED
711-19TH STREET SOUTH
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name **BARBARA MCCLendon**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **7127-24TH AVE. SOUTH**
84 City **ST. PETERSBURG, FL** 85 Zip Code **33711**

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 *Barbara McClelland* *Barbara McClelland* *Barbara McClelland* **05/19/99**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAMEED, ABDUL SALAAM	1.2 NAME	
STREET ADDRESS	2343-23RD AVE. SO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	1.4 CITY-ST-ZIP	
TITLE	CD ☒ DELETE	2.1 TITLE	(MCCLendon, BARBARA) ☐ Change ☒ Addition
NAME	MCGILL, WILSON JR.	2.2 NAME	McClelland, Barbara
STREET ADDRESS	1626-N GREENWOOD AVE	2.3 STREET ADDRESS	7127-24th Ave. South
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	DAVIS-SHAKIR, BASIMAH	3.2 NAME	Sylvester Johnson
STREET ADDRESS	1626-N. GREENWOOD	3.3 STREET ADDRESS	2343 1/2 8th St. S.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	DP ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	YACUB, BILAL	4.2 NAME	SIDNEY KIRKPATRICK
STREET ADDRESS	1300 PALMETTO ST.	4.3 STREET ADDRESS	3201 22nd Avenue South
CITY-ST-ZIP	CLEARWATER FL 33755	4.4 CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE	ST ☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	GAMMAGE-THOMPSON, ALLENE	5.2 NAME	Muhammed O. Ganie
STREET ADDRESS	711-19 STREET SOUTH	5.3 STREET ADDRESS	1601 16th St. North
CITY-ST-ZIP	ST. PETERSBURG FL 33712	5.4 CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Barbara McClelland* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99

Date

727 327 9983

Daytime Phone #

CR2E037 (11/98)