

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02632

FILED
Jul 01, 2006
Secretary of State

Entity Name: ST. PETERSBURG ISLAMIC CENTER MASJID AL-MUMININ, INC.

Current Principal Place of Business:

3762 18 AVE SOUTH
ST PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

3762 18 AVE SOUTH
ST PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 59-2443382 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SADIKI, WILMORE M
1357 PARKWOOD ST
CLEARWATER, FL 33755 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: TD () Delete
Name: SADIKI, WILMORE M
Address: 1357 PARKWOOD ST
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: NASSER, ABDUL TREASUR
Address: 8 HAMMOCK PL.
City-St-Zip: SATEY HAVOR, FL 34698

Title: SD () Delete
Name: GAMMAGE, ALLENE SECRETA
Address: 701 19TH ST SO
City-St-Zip: SAINT PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/EO (X) Change () Addition
Name: SADIKI, WILMORE M
Address: 1357 PARKWOOD ST
City-St-Zip: CLEARWATER, FL 33755

Title: D (X) Change () Addition
Name: AKMED, GLEN
Address: 711 19TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

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: WILMORE SADIKI

P/EO

07/01/2006

Electronic Signature of Signing Officer or Director

Date