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

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90967 009 ****61.25

DOCUMENT # N02632

1. Entity Name
MASJID AL-MUMININ BIL QADIR, INC.

Principal Place of Business	Mailing Address
3762 18 AVE SOUTH ST PETERSBURG FL 33711	3762 18 AVE SOUTH ST PETERSBURG FL 33711

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Masjid Al-Muminin Inc	3762 18th Ave So
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg	City & State: Fla.
Zip / Country	Zip: 33711 / Country

4. FEI Number 59-2443382 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SADIKI, WILMORE M 1357 PARKWOOD ST CLEARWATER FL 33755	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 Wilmore Sadiki - Wilmore M. Sadiki - President - 4-26-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TO (was PD) SADIKI, WILMORE M 1357 PARKWOOD ST CLEARWATER FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Johnny Simmons 8639 Himes Ave NO Apt. 2507 Tampa Fla. 33614	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HICKS, ERIC 4701 5TH ST S SAINT PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Lotifah Akram 4605 Rerena DR. Tampa Fla. 33617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AKMED, GLEN 711 19TH ST S SAINT PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Khalilah Haamid 1120 32st So. St. Petersburg Fla. 33711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALI, AZANIA 4344 1ST AVE SAINT PETERSBURG FL 33713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Allene Gammage 711 19th St So. St. Petersburg Fla. 33712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GANIE, MOHAMED O 1601 16TH ST N SAINT PETERSBURG FL 33704	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIAO, AHMED 3947 BEACH SO. E SAINT PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED 4-26-03 (727)943-3020