
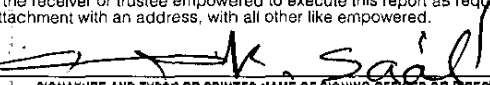


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90008 014 ****61.25

DOCUMENT # N99000000540			
1. Entity Name MUSLIM COMMUNITY OF BELLE GLADE, INC.			
Principal Place of Business 500 S.E. 9TH ST BELLE GLADE, FL 33430		Mailing Address 500 S.E. 9TH ST BELLE GLADE, FL 33430	
2. Principal Place of Business		3. Mailing Address 189 W. AVE A	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Belle Glade, FL	
City & State		City & State 33430	
Zip	Country	Zip	Country
4. FEI Number 65-0888306		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> ~ \$8.75 Additional Fee Required		08122004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HEFFERNAN, RICHARD L CPA 2911 E. MAIN ST. PAHOKEE, FL 33476		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTS SA'AD, ODEH 608 EL PRADO DR., #1 BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OMAR MATARI 228 W. AVE A Belle Glade FL 33430 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TINA, AHMAD M 216 NE 2ND ST. BELLE GLADE, FL 33430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ATEF ALI 610 N.E AVE B Belle Glade, FL 33430 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSLET, MOHAMAD H 317 WEST AVE A BELLE GLADE, FL 33430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAYYAD, ALI 401 NE 2ND ST BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 9.8.04 Daytime Phone #: 561-996-6411	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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