


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

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 189 W. AVE A BELLE GLADE FL 33430		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0888306	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____					
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retendering) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			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	PTS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SA'AD, ODEH			NAME	
STREET ADDRESS	608 EL PRADO DR., #1			STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ZAYYAD, ALI			NAME	
STREET ADDRESS	401 NE 2ND ST			STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MADARI, OMAR			NAME	
STREET ADDRESS	228 W. AVE A			STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ALI, ATEF			NAME	
STREET ADDRESS	610 N.E. AVE B			STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ABDELSALAM, MOHAMMAD			NAME	
STREET ADDRESS	200 WEST AVENUE A			STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0888306** Applied For Not Applied

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

City **FL** Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 Change Add
1130000445036
03/07/06-80027-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____ **ODEH K. SA'AD** 2/19/06 Emp 906/06