

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **733409** (7)

1. Corporation Name

SALAAM CLUB OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**8101 BEACH BLVD.
JACKSONVILLE FL 32216**

**8101 BEACH BLVD.
JACKSONVILLE FL 32216-3134**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1975		3a. Date of Last Report 04/29/1996	
21		26		4. FEI Number 59-6168976		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**MAIDA, CHARLES
3767 FEATHER OAKS DRIVE EAST
JACKSONVILLE FL 32277**

10. Name and Address of New Registered Agent

81 Name **KIM MAYNOR**
82 Street Address (P.O. Box Number is Not Acceptable)
2038 RALEY CREEK DRIVE EAST
83
84 City **JACKSONVILLE** FL 85 Zip Code **32225**

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

Kim Maynor

3/11/97

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	TREASURER ☐ Change ☒ Addition
NAME	MAIDA, CHARLES	1.2 NAME	KIM MAYNOR
STREET ADDRESS	3767 FEATHER OAKS DRIVE EAST	1.3 STREET ADDRESS	2038 RALEY CREEK DR. E.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	DP ☒ DELETE	2.1 TITLE	CHAIRMAN OF BOARD ☐ Change ☒ Addition
NAME	RAOY, MICAEL	2.2 NAME	MIKE RADY
STREET ADDRESS	150 CLUB DR	2.3 STREET ADDRESS	150 CLUB DRIVE
CITY-ST-ZIP	ATLANTIC BEACH FL	2.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	S ☐ DELETE	3.1 TITLE	RONALD COREY ☐ Change ☒ Addition
NAME	SHAHOOD, HELEN	3.2 NAME	VICE PRESIDENT
STREET ADDRESS	935 PARK FORREST LN	3.3 STREET ADDRESS	7817 DAGLEY HOLLOW CT.
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	T ☒ DELETE	4.1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	ESSA DIANE	4.2 NAME	KAMAL YAZJI
STREET ADDRESS	1978 CREEKVIEW CT	4.3 STREET ADDRESS	8072 INTERNATIONAL VILLAGE DR
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	FS ☐ DELETE	5.1 TITLE	
NAME	MASHOUR, MARY	5.2 NAME	
STREET ADDRESS	8104 MONTASONTA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	DVP ☒ DELETE	6.1 TITLE	
NAME	YAZJI, KAMAL	6.2 NAME	
STREET ADDRESS	8072 INTERNATIONAL VILLAGE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Kim Maynor **TREASURER 3/11/97 (904) 641-5917**

CR2E037 (9/96)