# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2008**
**Secretary of State**

DOCUMENT# 733409

**Entity Name:** SALAAM CLUB OF FLORIDA, INC.

**Current Principal Place of Business:**

8101 BEACH BLVD.
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8101 BEACH BLVD.
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number: 59-6168976** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COREY, CATHERINE
3006 CROSBY LN
JACKSONVILLE, FL 32216 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: DT ( ) Delete
Name: COREY, CATHERINE
Address: 3006 CROSBY LN
City-St-Zip: JACKSONVILLE, FL 32216

Title: S ( ) Delete
Name: WALKER, DONNA
Address: 9981 HAWKS HOLLOW ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD ( ) Delete
Name: WILLIAMS, KATHY
Address: 817 OLD GROVE MANOR
City-St-Zip: JACKSONVILLE, FL 32207

Title: FS ( ) Delete
Name: MASHOUR, MARY,
Address: 8104 MONTASONTA AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VPD ( ) Delete
Name: MAIDA, KEITH
Address: 11736 SEAVIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: OSSI, PAUL
Address: 9107 TIMBERLIN LAKE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CATHERINE LYNN COREY DT 04/26/2008

Electronic Signature of Signing Officer or Director — Date