


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 768927 1. Entity Name MASJID AL SALAAM AT LARGE, INC.		
Principal Place of Business 1625 N PEARL ST JACKSONVILLE, FL 32202-4834 US		Mailing Address PO BOX 1315-32201 JACKSONVILLE, FL 32201 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent UMAR EL HAJJ ABDUL SHARIF 207 ELM ST. JACKSONVILLE, FL 32204		DO NOT WRITE IN THIS SPACE
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 re-installing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHARIF, UMAR EL HAJJ ABD 207 ELM STREET JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MUHAIMIN, MUSTAFA 920 S. 12TH ST FERNADINA BEACH, FL 33-204	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHARIF, ADILAH 207 ELM STREET JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FD RAUSHAN, NATHAN A 3407 TOWNSEND BLVD APT 1209 JACKSONVILLE, FL 32277	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS EL SHARIF, ABDUL RAHMAN 3216 RANDALL ST JACKSONVILLE, FL 32205	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Umar A. Sharif</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>APRIL 29-2005</u> <small>Date</small>



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2318836

Applied For
Not Applicable

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

U00000361632
05/05/05-80084-020 70.00

**DO NOT WRITE
IN THIS SPACE**