


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00
Secretary of State

DOCUMENT # 768927 1. Entity Name MASJID AL SALAAM AT LARGE, INC.	
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Principal Place of Business 1625 N PEARL ST JACKSONVILLE, FL 32202-4834 US	Mailing Address PO BOX 3404 JACKSONVILLE, FL 32206 US
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01212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2318836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UMAR EL HAJJ ABDUL SHARIF 207 ELM ST. JACKSONVILLE, FL 32204

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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 May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 JACKSON, THOMAS S 3804 SPIRES ST JACKSONVILLE, FL 32209
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	

DO NOT WRITE IN THIS SPACE 000000752475 05/21/07-80018-001 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Umar A. Sharif</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-25-07 Date Daytime Phone #
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