

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 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 3404
JACKSONVILLE, FL 32206 US**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2318836

Applied For
Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000930921
05/21/08-80126-022 70.00

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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

358-0980
4-24-08-(904)