

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

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # N00000004257

1. Entity Name
TAMPA BAY MUSLIM ALLIANCE, INC.



Principal Place of Business

**500 VONDERBURG DR
203E
BRANDON, FL 33511**

Mailing Address

**500 VONDERBURG DR
203E
BRANDON, FL 33511**



01042007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

59-3393623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NAGMIA, HUSAIN
500 VONDERBERG DR
SUITE 203E
BRANDON, FL 33511**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUSAIN, NAGAMIA
STREET ADDRESS	500 VONDERBERG DR. #203E
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VP
NAME	AQUIL, HAKIM
STREET ADDRESS	2129 MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	BUKHAIR, ALTAF
STREET ADDRESS	2204 IVY LANE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	FAROOQ, MITHA
STREET ADDRESS	400 WINDERMERE DR
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	EL-AMIN, JARVIS
STREET ADDRESS	11305 N 51ST ST
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80097-001 150.00

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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 #