


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

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000006582 1. Entity Name MASJID BILAL OF CLEARWATER, INC.	
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Principal Place of Business 1028 N. MADISON AVE. CLEARWATER, FL 33755	Mailing Address 1028 N. MADISON AVE. CLEARWATER, FL 33755
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05042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3687438	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ABDUR-RAHIM, MUHAMMAD 1028 N. MADISON AVE. CLEARWATER, FL 33755	DO NOT WRITE IN THIS SPACE
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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 _____
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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YACUB, BILAL 1800 PALMETTO ST CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDUR-RAHIM, MUHAMMAD 1028 N. MADISON AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGILL, WILSON 1626 N. GREENWOOD AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000762506
05/29/07-80011-011 70.00

**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 #