

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01380

FILED
Feb 17, 2009
Secretary of State

Entity Name: MUSLIM EDUCATIONAL, CULTURAL AND COOPERATIVE ASSOCIATION, INC.

Current Principal Place of Business:

4281 S.W. 15TH STREET
MIAMI, FL 331343805

New Principal Place of Business:

Current Mailing Address:

4281 S.W. 15TH STREET
MIAMI, FL 331343805

New Mailing Address:

FEI Number: 59-2438318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHAN, MALIK S
4281 SW 15TH ST
MIAMI, FL 331343805 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NASSEEF, ABDULLAH O
Address: 4281 SW 15 ST
City-St-Zip: MIAMI, FL 331343805

Title: DC () Delete
Name: KHAN, MALIK S DR.
Address: 4281 SW 15 ST
City-St-Zip: MIAMI, FL 331343805

Title: D () Delete
Name: KHATIB, HOUSEN
Address: 515 S. BISCAYNE RVR. DR.
City-St-Zip: N. MIAMI, FL 33169

Title: D () Delete
Name: ZAMAN, LIAQAT DR.
Address: 2606 CHURCHILL LANE, #2
City-St-Zip: SAGINAW, MI 48603

Title: D () Delete
Name: SULTAN, SULTAN A DR.
Address: 5228 LEITNER DR., WEST
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: IMAMI, RIAZ H DR.
Address: 2118 AARON ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALIK SARDAR KHAN

DC

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date