2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N03000002818

Entity Name: MUSLIM TEACHERS' ASSOCIATION, INC.

Current Principal Place of Business:

11635 NE 21ST DRIVE
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

11635 NE 21ST DRIVE
MIAMI, FL 33181

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENJAMIN, CHRISTOPHER E ESQ.
19 WEST FLAGLER STREET, SUITE 510
MIAMI, FL 33130 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: PD ( ) Delete
Name: SALAHUDDIN, PATRICIA
Address: 11635 NE 21ST DRIVE
City-St-Zip: MIAMI, FL 33181

Title: VD ( ) Delete
Name: EL-KOLALI, KAMELIA
Address: 6321 SW 26TH STREET
City-St-Zip: MIRAMAR, FL 33023

Title: TD ( ) Delete
Name: KHAN-GHANY, NAIMA
Address: 6321 SW 26TH STREET
City-St-Zip: MIRAMAR, FL 33023

Title: SD ( ) Delete
Name: SHAKIR, LINDA
Address: 18202 NW 6TH PLACE
City-St-Zip: MIAMI, FL 33169

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: SD (X) Change ( ) Addition
Name: ABDURRAHMAN, MALIKA
Address: 3416 BAHAMA DRIVE
City-St-Zip: MIRAMAR, FL 33023

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: PATRICIA SALAHUDDIN PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date