

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90203 025 ****61.25

DOCUMENT # N03000010358 1. Entity Name GRACELINE COMMUNITY AND ECONOMIC DEVELOPMENT, INC.					
Principal Place of Business 4905 34TH STREET SOUTH #264 ST. PETERSBURG, FL 33711			Mailing Address 4905 34TH STREET SOUTH #264 ST. PETERSBURG, FL 33711		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent ABDULLAH, DELLA H 3110 1ST AVENUE NORTH SUITE 5 W ST. PETERSBURG, FL 33712				7. Name and Address of New Registered Agent Name Della H. Abdullah Street Address (P.O. Box Number is Not Acceptable) 2121 Barcelona Way S City St. Petersburg, FL Zip Code 33712	
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 Della H. Abdullah 4/30/06 <small>Signature, typed or printed name of registered agent and the date acceptable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABDULLAH, M. TAALIB	NAME			
STREET ADDRESS	2121 BARCELONA WAY SOUTH	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AHMED, QASIM	NAME	Qasim Ahmed		
STREET ADDRESS	827 SNELL ISLE BOULEVARD NORTHEAST	STREET ADDRESS	9002 Copeland Rd.		
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	CITY-ST-ZIP	Tampa, FL 33637		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RASHEED, SHAKA	NAME			
STREET ADDRESS	SWEENEY BLDG.; 30 MAIN ST. #5A	STREET ADDRESS			
CITY-ST-ZIP	BROOKLYN, NY 11201	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 in an address, with all other like empowered.					
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Qasim Ahmed		4-30-06 727-867-1705 <small>Date Daytime Phone #</small>	