


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90047 049 ****70.00

DOCUMENT # N04000000015			
1. Entity Name MASOOD FAMILY FOUNDATION, INC.			
Principal Place of Business 112 LEGEND LAKE DR PANAMA CITY BEACH, FL 32107		Mailing Address 112 LEGEND LAKE DR PANAMA CITY BEACH, FL 32107	
2. Principal Place of Business		3. Mailing Address <i>PO Box 27787</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Panama City Bch, FL</i>	
Zip	Country	Zip <i>32411</i>	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 <i>SOHAIL MASOOD, PRESIDENT</i>		DATE <i>5-17-2005</i>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 7, 2005		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	PRE MASOOD, SOHAIL PRESID <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASOOD, SOHAIL PRESID	NAME	
STREET ADDRESS	112 LEGEND LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32107	CITY-ST-ZIP	
TITLE	SEC MASOOD, MONA SECRET <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASOOD, MONA SECRET	NAME	
STREET ADDRESS	112 LEGEND LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32107	CITY-ST-ZIP	
TITLE	DIR MOUBAYAD, MAHER DIRECT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUBAYAD, MAHER DIRECT	NAME	
STREET ADDRESS	112 LEGEND LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32107	CITY-ST-ZIP	
TITLE	DIR OBID, HIND DIRECT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBID, HIND DIRECT	NAME	
STREET ADDRESS	112 LEGEND LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32107	CITY-ST-ZIP	
TITLE	DIR BROWN, MATTHEW G DIRECT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MATTHEW G DIRECT	NAME	
STREET ADDRESS	8105 IRVINE CENTER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	IRVINE, CA 92618	CITY-ST-ZIP	
TITLE	TRE MASOOD, ASLAM TREAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASOOD, ASLAM TREAS	NAME	
STREET ADDRESS	112 LEGEND LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32107	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>SOHAIL MASOOD</i>		Date <i>5-17-2005</i> 850 234 7716	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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