

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000015

FILED  
Feb 03, 2011  
Secretary of State

**Entity Name:** MASOOD FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2433 THOMAS DRIVE  
PMB 159  
PANAMA CITY, FL 32408

**New Principal Place of Business:**

11208 HUTCHISON BLVD  
PMB 159  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

2433 THOMAS DRIVE  
PMB 159  
PANAMA CITY, FL 32408

**New Mailing Address:**

11208 HUTCHISON BLVD  
PMB 159  
PANAMA CITY BEACH, FL 32407

FEI Number: 20-0762494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALBIBI, OSAMA  
3506 FOX RUN BLVD  
PANAMA CITY, FL 32408 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: PRE  
Name: MASOOD, SOHAIL PRESID  
Address: 11208 HUTCHISON BLVD, PMB# 159  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: SEC  
Name: MASOOD, MONA SECRET  
Address: 11208 HUTCHISON BLVD, PMB# 159  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: TRE  
Name: MASOOD, MONA TREAS  
Address: 11208 HUTCHISON BLVD, PMB # 159  
City-St-Zip: PANAMA CITY BEACH, FL 32407

I hereby 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 all other like empowered.

SIGNATURE: SOHAIL MASOOD

PRES

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date