

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004821

FILED  
Aug 30, 2009  
Secretary of State

Entity Name: WEDNESDAY NIGHT HALAQAH, INC.

**Current Principal Place of Business:**

9618 BENNINGTON CHASE DR  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

9618 BENNINGTON CHASE DR  
ORLANDO, FL 32829

**New Mailing Address:**

FEI Number: 26-2701253      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SAYWACKLALL, CARL  
9618 BENNINGTON CHASE DR  
ORLANDO, FL 32829      US

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: O      ( ) Delete  
Name: KHAN, ALLI  
Address: 9618 BENNINGTON CHASE DR  
City-St-Zip: ORLANDO, FL 32829

Title: O      ( ) Delete  
Name: SAYWACKLALL, CARL  
Address: 9618 BENNINGTON CHASE DR  
City-St-Zip: ORLANDO, FL 32829

Title: O      ( ) Delete  
Name: ABASS, JAMEER  
Address: 9618 BENNINGTON CHASE DR  
City-St-Zip: ORLANDO, FL 32829

Title: O      ( ) Delete  
Name: BACCHUS, AJIB  
Address: 9618 BENNINGTON CHASE DR  
City-St-Zip: ORLANDO, FL 32829

Title: O      ( ) Delete  
Name: GAFOOR, AYUBE  
Address: 9618 BENNINGTON CHASE DR  
City-St-Zip: ORLANDO, FL 32829

**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:

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: ALLI KHAN

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08/30/2009

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

\_\_\_\_\_  
Date