

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90021 001 \*\*\*\*61.25  
02-28-2007 90021 002 \*\*\*\*\*8.75

66003223



01312007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N08491</b> 1. Entity Name <b>MUSLIM COMMUNITY OF PALM BEACH COUNTY, INCORPORATED</b>					
Principal Place of Business <b>4893PURDYLANE WESTPALMBEACH,FL33415</b>			Mailing Address <b>P.O.BOX18946 WESTPALMBEACH,FL33416</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2606276</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>AZHAR, MAHMOOD 3802 GLADYS CT LAKE WORTH, FL 33461</b>				7. Name and Address of New Registered Agent Name <b>AZHAR MAHMOOD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1068 Grove Park Cir Boynton Beach</b> City <b>FL</b> Zip Code <b>33436</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AKRAM, SHRAITEH 4818 MISTY PINES TR. LAKE WORTH, FL 33463	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOWDHURY, OSMAN 9 SEAFORD PLACE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAGHIR, BHATTI 1433 NORTHHAMPTON TERRACE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GSD AZHAR, MAHMOOD 3802 GLADYS CT LAKE WORTH, FL 33461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AZHAR MAHMOOD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1068 Grove Park Cir</b> <b>Boynton Beach, FL 33436</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR AYUBE, RAMJOHN 1236 OAKWATER DRIVE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>17941 38th Rd North</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LOXAHATCHEE FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 with an address, with all other like empowered.					
<b>SIGNATURE:</b> <b>Mahmood J. Azhar</b> <span style="float: right;"><b>2/18/2007</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					