

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000003902**



1. Entity Name  
**MASJID AL-NAHL, INC.**

Principal Place of Business  
**123 BRAGG DR  
 TALLAHASSEE FL 32310  
 US**

Mailing Address  
**P.O. BOX 7032  
 TALLAHASSEE FL 32314-7032  
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE CR2E037 (10/05)

4. FEI Number  
**59-3201757**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MU'MIN, GLORIA S  
 1411 ELEANOR DRIVE  
 TALLAHASSEE FL 32301-6703**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$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 PD  
 NAME MUJAHID, RASHAD  Delete  
 STREET ADDRESS 3610 ESTATES ROAD  
 CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **U00000504663  
 04/26/06-80081-011 61.25**

TITLE SD  
 NAME MU'MIN, GLORIA S  Delete  
 STREET ADDRESS 1411 ELANOR DRIVE  
 CITY-ST-ZIP TALLAHASSEE FL 32301-6703

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  
 NAME MU'MIN, AKBAR S  Delete  
 STREET ADDRESS 1411 ELANOR DRIVE  
 CITY-ST-ZIP TALLAHASSEE FL 32301-6703

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  
 NAME BONNETT, BARRY  Delete  
 STREET ADDRESS 2506 SIR WILLIAMS ST  
 CITY-ST-ZIP TALLAHASSEE FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.