

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005519

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: KHADIJA FOUNDATION, INC.

**Current Principal Place of Business:**

6715 MILL HOPPER  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

6715 MILLHOPPER ROAD  
GAINESVILLE, FL 32653

**New Mailing Address:**

FEI Number: 65-0731700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KHUDDUS, AQUEELA  
6715 MILLHOPPER ROAD  
GAINESVILLE, FL 32653 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: PD ( ) Delete  
Name: KHUDDUS, AQUEELA  
Address: 6715 MILLHOPPER ROAD  
City-St-Zip: GAINESVILLE, FL 32653

Title: DV ( ) Delete  
Name: KHUDDUS, SHAIK A DR  
Address: 6715 MILLHOPPER ROAD  
City-St-Zip: GAINESVILLE, FL 32653

Title: DS ( ) Delete  
Name: KHUDDUS, NAUSHEEN DR  
Address: 6707 MILLHOPPER ROAD  
City-St-Zip: GAINESVILLE, FL 32653

Title: DT ( ) Delete  
Name: BERGER, GARY  
Address: 111 ORANGE AVE  
City-St-Zip: FORT PIERCE, FL 34950

**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:

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: AQUEELA KHUDDUS

DIRE

04/28/2009

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

\_\_\_\_\_  
Date