


FILE NOW: FILING FEE IS \$61.25

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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90084 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003730					
1. Corporation Name MASJIDUL NOOR - ISLAM OF OCALA, INC.					
Principal Place of Business LOT 28, BLOCK 596 UNIT 24 SILVER SPRINGS FL 34468			Mailing Address 6037 N.E. 61 AVE. RD. SILVER SPRINGS FL 34468		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/23/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		APPLY FOR	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JABAR, MOHAMED 16806 SOUTH US HIGHWAY 301 SUMMERFIELD FL 34491				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JABAR, MOHAMED	1.2 NAME	D. PRESIDENT
STREET ADDRESS	16806 SOUTH US HIGHWAY 301	1.3 STREET ADDRESS	Mohamed Jabar
CITY-ST-ZIP	SUMMERFIELD FL 34491	1.4 CITY-ST-ZIP	16806 S US Hwy 301 Summerfield FL 34491
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMAR, HAZRAT	2.2 NAME	D. OMAR HAZRAT
STREET ADDRESS	LOT 28, BLOCK 596 UNIT 24	2.3 STREET ADDRESS	LOT 28 BLOCK 596 UNIT 24
CITY-ST-ZIP	SILVER SPRINGS FL 34468	2.4 CITY-ST-ZIP	SILVER SPRING FL 34468
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, TWAHIR	3.2 NAME	DST KHAN TWAHIR
STREET ADDRESS	LOT 28, BLOCK 596 UNIT 24	3.3 STREET ADDRESS	LOT 28 BLOCK 596 UNIT 24
CITY-ST-ZIP	SILVER SPRINGS FL 34468	3.4 CITY-ST-ZIP	SILVER SPRING FL 34468
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAMAN, SHEIK H	4.2 NAME	DST RAHAMAN SHEIK H
STREET ADDRESS	LOT 28, BLOCK 596 UNIT 24	4.3 STREET ADDRESS	LOT 28 BLOCK 596 UNIT 24
CITY-ST-ZIP	SILVER SPRINGS FL 34468	4.4 CITY-ST-ZIP	SILVER SPRING FL 34468
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, ABDUL H	5.2 NAME	D KHAN ABDUL H
STREET ADDRESS	LOT 28, BLOCK 596 UNIT 24	5.3 STREET ADDRESS	LOT 28 BLOCK 596 UNIT 24
CITY-ST-ZIP	SILVER SPRINGS FL 34468	5.4 CITY-ST-ZIP	SILVER SPRING FL 34468
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARR 02 99

Date

Daytime Phone #

CR2F037-11198