

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000000540

1. Entity Name

MUSLIM COMMUNITY OF BELLE GLADE, INC.



Principal Place of Business
500 S.E. 9TH ST
BELLE GLADE FL 33430

Mailing Address
189 W. AVE A
BELLE GLADE FL 33430

FILED

05 SEP 15 AM 11:53



2. Principal Place of Business

3. Mailing Address

1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0888306

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

HEFFERNAN, RICHARD L CPA
2911 E. MAIN ST.
PAHOKEE FL 33476

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
SA'AD, ODEH
608 EL PRADO DR., #1
BELLE GLADE FL 33430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZAYYAD, ALI
401 NE 2ND ST
BELLE GLADE FL 33430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MADARI, OMAR
228 W. AVE A
BELLE GLADE FL 33430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ALI, ATEF
610 N.E. AVE B
BELLE GLADE FL 33430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mohammad Abdelsalam
300 W Ave A
Belle Glade, FL 33430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400059778024
09/20/05--01032--013 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.8.05

Date

561-996-6411

Daytime Phone #