

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90019 020 ****61.25

DOCUMENT # N99000000540

1. Entity Name

MUSLIM COMMUNITY OF BELLE GLADE, INC.



Principal Place of Business

Mailing Address

500 S.E. 9TH ST
BELLE GLADE FL 33430

189 W. AVE A
BELLE GLADE FL 33430

changed
✓

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

172 W AVE A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Belle Glade, FL

City & State

City & State

Zip

Country

Zip

Country

33430

Palm Beach

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 reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

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

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

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

TITLE: D
NAME: ABDELSALAM, MOHAMMAD
STREET ADDRESS: 200 WEST AVENUE A
CITY-ST-ZIP: BELLE GLADE FL 33430 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
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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.

SIGNATURE:

T K. Saad

ODEHK. SAAD

2-26-07

561-992-9294