

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000540

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** MUSLIM COMMUNITY OF BELLE GLADE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

172 W. AVE A.  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 65-0888306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEFFERNAN, RICHARD L CPA  
2911 E. MAIN ST.  
PAHOKEE, FL 33476 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: PTS ( ) Delete  
Name: SA'AD, ODEH  
Address: 608 EL PRADO DR., #1  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: ZAYYAD, ALI  
Address: 401 NE 2ND ST  
City-St-Zip: BELLE GLADE, FL 33430

Title: DT ( ) Delete  
Name: MADARI, OMAR  
Address: 228 W. AVE A  
City-St-Zip: BELLE GLADE, FL 33430

Title: DT ( ) Delete  
Name: ALI, ATEF  
Address: 610 N.E. AVE B  
City-St-Zip: BELLE GLADE, FL 33430

Title: D (X) Delete  
Name: ABDELSALAM, MOHAMMAD  
Address: 200 WEST AVENUE A  
City-St-Zip: BELLE GLADE, FL 33430

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTS (X) Change ( ) Addition  
Name: SA'AD, ODEH  
Address: 155 NOTTINGHAM PLACE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: MATARI, OMAR  
Address: 228 W. AVE A  
City-St-Zip: BELLE GLADE, FL 33430

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: ODEH SA'AD

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date