

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16298

FILED
Jan 08, 2006
Secretary of State

Entity Name: SOUTHWEST FLORIDA MUSLIM STUDENTS ASSOCIATION CHAPTER, INC.

Current Principal Place of Business:

C/O H.E. SHUAYB
11373 CORTEZ BLVD #306
BROOKSVILLE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

11373 CORTEZ #306
BROOKSVILLE, FL 34613 US

New Mailing Address:

FEI Number: 31-1128906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUAYB, H.E.
11373 CORTEZ BLVD #306
BROOKSVILLE, FL 34613 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: C () Delete
Name: MAHMALGY, G
Address: 11373 CORTEZ
City-St-Zip: BROOKSVILLE, FL

Title: S () Delete
Name: JOUD, A
Address: 11373 CORTEZ
City-St-Zip: BROOKSVILLE, FL

Title: T () Delete
Name: SHUAYB, H
Address: 11373 CORTEZ
City-St-Zip: BROOKSVILLE, FL

Title: D () Delete
Name: MAHMALJY, G.,
Address: 11373 CORTEZ
City-St-Zip: BROOKSVILLE, FL

Title: D () Delete
Name: BAIG, MIRZA
Address: 3367 GATOR TRAIL
City-St-Zip: SPRING HILL, FL 34604

Title: D (X) Delete
Name: AMIN, I
Address: 14274 PULLMAN
City-St-Zip: SPRING HILL, FL

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
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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 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: HUSAM E. SHUAYB, M.D.

T

01/08/2006

Electronic Signature of Signing Officer or Director

Date