2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# N16298

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 34613

Title: S ( ) Delete
Name: JOUD, A
Address: 12900 CORTEZ
City-St-Zip: BROOKSVILLE, FL 34613

Title: T ( ) Delete
Name: SHUAYB, H
Address: 11373 CORTEZ, SUITE 306
City-St-Zip: BROOKSVILLE, FL 34613

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 ( ) Delete
Name: NIMER, M
Address: 5040 WILLOW OAK LANE
City-St-Zip: SPRING HILL, FL 34607

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
Name:
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 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. TREA 01/05/2008
Electronic Signature of Signing Officer or Director Date