

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38380** (4)

1. Corporation Name
HUSSEINI ISLAMIC CENTER OF FLORIDA, INC.



Principal Place of Business: **815 ORIENTA AVE SUITE 3 ALTAMONTE SPRINGS FL 32701 US**
Mailing Address: **P.O. BOX 180881 CASSELBERRY FL 32707 US**

3. Date Incorporated or Qualified: **05/29/1990**
3a. Date of Last Report: **04/21/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3131142	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Florida Statutes
24		30				<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANSORI, ZUBAIR S. 815 ORIENTA AVENUE SUITE 2 ALTAMONTE SPRINGS FL 32701				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Zubair S. Mansori 1-22-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEWJI, G.M.			1.2 NAME			
STREET ADDRESS	1125 BROWNSHIRE CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LADAK, ZULFIKAR			2.2 NAME			
STREET ADDRESS	372-202 CHAMPAGNE PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAMAZIE, ALI A			3.2 NAME			
STREET ADDRESS	2978 HARBOUR LANDING WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAIDI, MURTAZA			4.2 NAME			
STREET ADDRESS	1382 LAPALOMS CT			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER APRINGS FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSHALL, JOHN			5.2 NAME			
STREET ADDRESS	906H LAKE DESTINY ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAKLI, MUJAHID			6.2 NAME			
STREET ADDRESS	140 HABERSHAM DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] x 4-25-96 x 407-3654033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)