## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 



, FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 31 1997 8:00am

Secretary of State

Daytime Phone # 0013312

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N38380

(4)

1. Corporation Name							
HUSSE	INI ISLAMIC CENTER OF	FLOHIDA, INC.				<b>36</b> 11 <b>8101) 810</b> 11 <b>818</b> 11 <b>116</b> 11 <b>1</b>	10)) <b>9</b> (9)) 1 <b>6</b> 3
Principal Place	of Business	Mailing Address			-   10011101 000 11101 18406 11181 10111	9814 81016 81016 BIBLI 01811 0	
815 ORIENTA AVE P.O. BOX 180881							
SUITE 3 CASSELBERRY FL 32718-06			1881				
ALTAMONTE SPRINGS FL 32701 US US					3. Date Incorporated or Qualified	3a. Date of Last !	
					) 05/29/1990	05/01/19	196
<del></del>	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	<del>  </del>	pplied For
21 26 26				59-3131142	···	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	7	Additional legulred	
City & State City & State			·····	6. Election Campaign Financing		May Be	
23					Trust Fund Contribution	_	to Fees
Zip	Country Zip		Country		8. This corporation has liability for		s. 199.032,
24			30			Yes No	·
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New R	egistered Agent	
14411005	N 710400 0		81	ivalle			
MANSORI, ZUBAIR S.			B2	Street Add	ress (P.O. Box Number is Not Accepte	iple)	
815 ORIENTA AVENUE SUITE 2			83				······································
ALTAMONTE SPRINGS FL 32701							
ruiruivi	1112 011111100 12 02101		84	City		FL 85 Zip	Code
11. Pursuant t	o the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the above-	named corp	poration submits this statement for the	purpose of changing	its registered
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 _	Jusan S. Man						
12.	Signature Typed or printed name of registered a	*	TE: Registered Agent	signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DS IN 12
TITLE	OFFICERS AND DIRECTORS  DELETE		1.1 TITLE		, ADDITIONAL CHANGES TO CITY	Change	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	· · · · · · · · · · · · · · · · · · ·				Change	Addition
NAME	LADAK, ZULFIKAR	NC .	2.2 NAME			•	
STREET ADDRESS	372-202 CHAMPAGNE PLAC	it .	2.3 STREET ADDRESS				
CITY - ST - ZIP TITLE	LONGWOOD FL  D DELETE		2.4 CITY-ST 3.1 TITLE	-ZIP		Change	Addition
NAME	NAMAZIE, ALI A		3.1 TITLE 3.2 NAME				realijoit :
STREET ADDRESS	2978 HARBOUR LANDING WAY		3.3 STREET A	DDRESS			
CITY - ST - ZIP	CASSELBERRY FL		3.4. CITY - \$1	- 1			
TITLE	D DELETE		4.1 TITLE			Change	Addition
NAME	ZAIDI, MURTAZA		4. 2 NAME				
STREET ADDRESS	1382 LAPALOMS CT		4.3 STREET A				
CITY-ST-ZIP	WINTER APRINGS FL	DELETE	4.4 CHTY - ST - 5.1 TITLE	ZIP		Change	Addition
TITLE NAME	D MARSHALL JOHN	IARSHALL, JOHN				☐ CHAUDS	Mudicipit
STREET ADDRESS	906H LAKE DESTINY ROAD		5.2 NAME 5.3 STREET A	DORESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		5.4 CITY-ST-	ſ		•	
TITLE	D	☐ DELETE	6.1 TITLE			Change	Addition
NAME	KAKLI, MUJAHID			}			
STREET ADDRESS	140 HABERSHAM DRIVE		6.3 STREET A	DDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779	-1 - 20 ALX- AUC	6.4 CITY-ST-				
informatio	n indicated on this annual report or	supplemental annual report is	true and accura	ate and that	d in Section 119.07(3)(i), Florida Statut t my signature shall have the same leg	al effect as if made ur	nder oath; that
I am an of appears in	ficer or director of the corporation in Block 12 or Block 13 if changed,	or the receiver or trustee empor or on an attachment with an ad	vered to execu dress.	te this repo	rt as required by Chapter 617, Florida	Statutes; and that my	name
0.0		A SHAN !			1		

HEQUIRED