

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38380

FILED
Feb 15, 2005
Secretary of State

Entity Name: HUSSEINI ISLAMIC CENTER OF FLORIDA, INC.

Current Principal Place of Business:

5211 HESTER AVE
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

301 BAY TREE COURT
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 59-3131142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NURMOHAMED, MOHAMEDBAQUIR S
301 BAY TREE COURT
SANFORD, FL 32773 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: D Delete
Name: JAGANI, MEHEBOOB R
Address: 274 VIA SIENA LANE
City-St-Zip: LAKE MARY, FL 32746

Title: D Delete
Name: FAZAL, LIAKATALI R
Address: 1125 POINTE COVE APT. #101
City-St-Zip: LAKE MARY, FL 32746

Title: D Delete
Name: JAFFER, SAJJAD H
Address: 2208 FOX QUARRY LANE
City-St-Zip: SANFORD, FL 32773

Title: D Delete
Name: NURMOHAMED, MOHAMEDBAQUIR S
Address: 815 RAVENS CIRCLE #103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D Delete
Name: HASSAN, MOHAMEDSHAFIQ M
Address: 712 SECRET HARBOR LANE
City-St-Zip: LAKE MARY, FL 32746

Title: D Delete
Name: KASSAM, MOHAMMED A
Address: 1792 PINE BAY DRIVE
City-St-Zip: LAKE MARY, FL 32746

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 for the exemption stated in Section 119.07(3)(i), 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: MOHAMEDBAQUIR

Electronic Signature of Signing Officer or Director

DIR

02/15/2005

Date