


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90034 025 ****61.25

DOCUMENT # N98000006860 1. Entity Name ISLAMIC CENTER OF GUNN HWY., INC.	
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Principal Place of Business 4119 GUNN HIGHWAY UNIT #27 TAMPA, FL 33624 4797 33618-8797	Mailing Address 4119 GUNN HIGHWAY UNIT #27 TAMPA, FL 33624 4797 33618-8797
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03000206



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01252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3545793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAVINO, DENISE
3606 W KENNEDY BLVD.
TAMPA, FL 33609

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORATHIA, SALIM Y 6914 SETON LANE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOOR, QUAID M 5928 TAYWOOD DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SORATHIA, YAH YAH 7801 LEGEND AVE TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: QUAID M. NOOR (QUAID M. NOOR) 1/26/2004 813-744-6100 x112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #