## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90133 027 \*\*\*\*70.00 DOCUMENT # N98000006860 ISLAMIC CENTER OF GUNN HWY., INC. Principal Place of Business Mailing Address 4119 GUNN HIGHWAY 4119 GUNN HIGHWAY UNIT #27 UNIT #27 TAMPA, FL 33618-8797 TAMPA, FL 33618-8797 2. Principal Place of Business 3. Mailing Address 4119 GUNN HIGHWAY 4119 GUNN HIGHWAY Suite, Apt. #, etc. Suite, Apt. #, etc. 03302006 Chg-NP CR2E037 (11/05) UNIT 井 2子 City & State UNIT # 27 Applied For 4. FEI Number City & State 59-3545793 TAMPA, FL TAMPA, FL Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired 凶 33618-8797 <u>u.s. A</u> 33618 - 8797 U, S, A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSAMA S. SAVINO, DENISE Street Address (P.O. Box Number is Not Acceptable) RIVER TERRACE CENTER 3606 W KENNEDY BLVD. TAMPA, FL 33609 8064 N. 56 TH STREET Zip Code 33617 TAMPA 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TREASURER **X** Addition PD TITLE Change TITLE Delete AMR EL GENDI NAME SORATHIA, SALIM Y NAME 11051 SPRINGRIDGE DR STREET ADDRESS 6914 SETON LANE STREET ADDRESS TAMPA, FL 33634 TAMPA, FL 33624 CITY-ST-ZIP CITY-ST-ZIP RELIGIOUS SECRETARY Addition VD TITLE ☐ Change ☐ Delete TITLE ABDUL KHADIR RAZAK NAME NOOR, QUAID M NAME 5928 TAYWOOD DR PRUETT ROAD STREET ADDRESS STREET ADDRESS 11335 TAMPA, FL 33624 CITY-ST-ZIP SEFFNER, FL 33584 CITY-SI-ZIP EDUCATION SECRETARY SD Delete TITLE ☐ Change **X** Addition TITLE SORATHIA, YAH YAH NAME NAME MOHAMED YOUSUFF STREET ADDRESS 7801 LEGEND AVE STREET ADDRESS 8142 TOM SAWYER DR CITY-ST-ZIP TAMPA, FL 33637 CITY-ST-7IP TAMPA, FL 33637 INTERFAITH COORDINATOR Change Delete TITLE TITLE MALIK AZIZ NAME NAME 11847 DERBYSHIRE DR TAMPA, FL 33626 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CULTURAL SECRETARY Change ☐ Delete Addition TITLE TITLE HATEM EL GENDI NAME NAME 11812 EAST HAMPTON DR STREET ADDRESS STREET ADDRESS TAMPA, FL 33626 CITY-ST-ZIP CITY-ST-7IP OUTREACH COORDINATOR Change Addition TITLE ☐ Delete TITLE RIAZ UR RAHMAN SHARIEFF NAME NAME 10117 SEA SPRAY STREET ADDRESS PLACE STREET ADDRESS TAMPA, FL 33624 CITY-ST-ZIE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

PAMNIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/30/2006

(813)632-7600 X 112

Daytime Phone #

FILED