


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006860**

1. Entity Name  
**ISLAMIC CENTER OF GUNN HWY, INC.**



Principal Place of Business  
**4119 GUNN HIGHWAY  
 UNIT #27  
 TAMPA, FL 33618-8797**

Mailing Address  
**4119 GUNN HIGHWAY  
 UNIT #27  
 TAMPA, FL 33618-8797**



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3545793**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAYALI, OSAMA S  
 8064 N 56 ST  
 TAMPA, FL 33617**

**DO NOT WRITE IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
 Due by May 1, 2008**

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

UN0000782160  
 01/15/08-80063-013.61.25

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	T GENDI, AMR EL 11051 SPRINGRIDGE DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES YOUSUFF, MOHAMED 8142 TOM SAWYER DR TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS GENDI, HATEM EL 11812 E HAMPTON DR TAMPA, FL 33626

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** QUAID M. NOOR **01/9/2008** **(813) 928-1823**

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