

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006860

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: ISLAMIC CENTER OF GUNN HWY., INC.

**Current Principal Place of Business:**

4119 GUNN HIGHWAY  
UNIT #27  
TAMPA, FL 336188797

**New Principal Place of Business:**

**Current Mailing Address:**

4119 GUNN HIGHWAY  
UNIT #27  
TAMPA, FL 336188797

**New Mailing Address:**

FEI Number: 59-3545793      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAYALI, OSAMA S  
8064 N 56 ST  
TAMPA, FL 33617      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: PD      ( ) Delete  
Name: SORATHIA, SALIM Y  
Address: 6914 SETON LANE  
City-St-Zip: TAMPA, FL 33634

Title: VD      ( ) Delete  
Name: NOOR, QUAID M  
Address: 5928 TAYWOOD DR  
City-St-Zip: TAMPA, FL 33624

Title: SD      ( ) Delete  
Name: SORATHIA, YAH YAH  
Address: 7801 LEGEND AVE  
City-St-Zip: TAMPA, FL 33637

Title: T      ( ) Delete  
Name: GENDI, AMR EL  
Address: 11051 SPRINGRIDGE DR  
City-St-Zip: TAMPA, FL 33624

Title: ES      ( ) Delete  
Name: YOUSUFF, MOHAMED  
Address: 8142 TOM SAWYER DR  
City-St-Zip: TAMPA, FL 33637

Title: CS      ( ) Delete  
Name: GENDI, HATEM EL  
Address: 11812 E HAMPTON DR  
City-St-Zip: TAMPA, FL 33626

**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 exemption stated 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 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: QUAID M. NOOR

VD

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date