

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008446

FILED
May 02, 2008
Secretary of State

Entity Name: ISLAMIC CENTER OF FORT PIERCE INC.

Current Principal Place of Business:

1104 WEST MIDWAY ROAD
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1104 WEST MIDWAY ROAD
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAHMAN, SYED SHAFEEQ U
1106 WEST MIDWAY ROAD
FORT PIERCE, FL 34982 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: DP () Delete
Name: RAHMAN, SYED SHAFEEQ U DR.
Address: 1106 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

Title: DVP () Delete
Name: SIDDIQUE, MATEEN MR
Address: 1104 W MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

Title: DST () Delete
Name: KHAN, IMTIAZ J DR.
Address: 1104 W. MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: IBRAHIM, SAMEER MR
Address: 1104 W. MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: KHAN, SHAH-WALI MR.
Address: 1104 W. MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: QURESHI, AKHTAR MR
Address: 1104 W MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

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: SYED SHAFEEQ UR RAHMAN

DP

05/02/2008

Electronic Signature of Signing Officer or Director

_____ Date