

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003202

FILED
Feb 01, 2009
Secretary of State

Entity Name: ISLAMIC EDUCATION CENTER OF TAMPA, INC.

Current Principal Place of Business:

6450 ROCKPOINT DR
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

POBOX 25414
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 59-3205048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANSOUR, GHASSAN
1902 WEST KENNEDY BLVD
TAMPA, FL 33606 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: P () Delete
Name: HASHEMI, ABBAS
Address: 7606 SHARON DR
City-St-Zip: TAMPA, FL 33617 US

Title: S () Delete
Name: HAKKI, SAM DR
Address: 800 SEA CREST DRIVE
City-St-Zip: TAMPA, FL 33746 US

Title: T () Delete
Name: FARAJI, HAMID
Address: 2765 QUAIL HOLLOW RD EAST
City-St-Zip: CLEAR WATER, FL 333761 US

Title: V/P () Delete
Name: ATLEYA, ABBAS SYED
Address: 3800-404ST S.W
City-St-Zip: LYNNWOOD, WA 98036 US

Title: S () Delete
Name: GHASSAN, MANSOUR
Address: 1902 WEST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: GHASSAN MANSOUR

S

02/01/2009

Electronic Signature of Signing Officer or Director

Date