#### I hereby 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 all other like empowered.

## SIGNATURE: MUSTAFA YUSUFALI

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38380

Entity Name: HUSSEINI ISLAMIC CENTER OF FLORIDA, INC.

# **Current Principal Place of Business:**

5211 HESTER AVE SANFORD, FL 32773

## **Current Mailing Address:**

5211 HESTER AVE SANFORD, FL 32773 US

# FEI Number: 59-3131142

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

YUSUFALI, MUSTAFA 5211 HESTER AVE SANFORD, FL 32773 US

**Officer/Director Detail :** 

Ρ

S

DHALLA, MAHMOOD

SANFORD FL 32771

YUSUFALI, MUSTAFA

4850 CAINS WREN TRL SANFORD FL 32771

5590 WHISPERING WOODS PT

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:

Title

Title

Name Address

Name

Address

City-State-Zip:

City-State-Zip:

Title CFO ALLOO, ABBAS Name 143 MAGNOLIA PARK TRAIL Address City-State-Zip: SANFORD FL 32773

Certificate of Status Desired: No

Date

01/18/2020 Date

FILED Jan 18, 2020 Secretary of State 9532404754CC

SECRETARY