

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006860

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

**Current Principal Place of Business:**

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

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC9450732880**

**Current Mailing Address:**

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

**FEI Number: 59-3545793**

**Certificate of Status Desired: No**

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

KAYALI, OSAMA S  
13250 N 56TH STREET  
SUITE # 102  
TAMPA, FL 33617 US

*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

**Officer/Director Detail :**

Title VD  
Name NOOR, QUAID M  
Address 5928 TAYWOOD DR  
City-State-Zip: TAMPA FL 33624

Title SD  
Name SORATHIA, YAH YAH  
Address 7801 LEGEND AVE  
City-State-Zip: TAMPA FL 33637

Title ES  
Name YOUSUFF, MOHAMED  
Address 8142 TOM SAWYER DR  
City-State-Zip: TAMPA FL 33637

Title TD  
Name GENDI, AMR EL  
Address 11051 SPRINGRIDGE DR  
City-State-Zip: TAMPA FL 33624

Title D  
Name YOUSUFF, MOHAMED  
Address 8142 TOM SAWYER DR  
City-State-Zip: TAMPA FL 33637

Title D  
Name GENDI, HATEM EL  
Address 11812 E HAMPTON DR  
City-State-Zip: TAMPA FL 33626

Title D  
Name ANWAR, MALIK  
Address 4949 MARBARISA DR  
APT 1112  
City-State-Zip: TAMPA FL 33624

Title D  
Name FEITURI, FEISAL  
Address 7625 SOUTHERN BROOK UNIT #205  
City-State-Zip: TAMPA FL 33635

**Continues on page 2**

*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: QUAID M. NOOR**

**VD**

**02/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name IFTAKHAR, MOHAMMAD  
Address 4949 MARBRISSA DR.  
APT #1508  
City-State-Zip: TAMPA FL 33624