### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006860

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

**FILED** Jan 31, 2022 **Secretary of State** 4207279219CC

## **Current Principal Place of Business:**

4119 GUNN HIGHWAY **UNIT #27** 

TAMPA, FL 33618-8797

# **Current Mailing Address:**

4119 GUNN HIGHWAY **UNIT #27** 

TAMPA, FL 33618-8797 US

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:

Name

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title TD

Name NOOR, QUAID M Name GENDI, AMR EL

5928 TAYWOOD DR 11051 SPRINGRIDGE DR Address Address

TAMPA FL 33624 City-State-Zip: TAMPA FL 33624 City-State-Zip:

Title Title

Name ANWAR, MALIK Name GENDI, HATEM EL

Address 4949 MARBARISA DR Address 11812 E HAMPTON DR

**APT 1112** TAMPA FL 33626

City-State-Zip: City-State-Zip: TAMPA FL 33624

Title D Title D

IFTAKHAR, MOHAMMAD Name BAHAZAK, ABDUL AZIZ Address 4949 MARBRISSA DR.

Address 4302 GUNN HIGHWAY APT #1508

APT. #313

TAMPA FL 33624 City-State-Zip: City-State-Zip: TAMPA FL 33618

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.

01/31/2022 SIGNATURE: QUAID NOOR Ρ