

**2024 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

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

Title D  
Name ANWAR, MALIK  
Address 9830 WARM STONE ST  
City-State-Zip: THONOTOSASSA FL 33592

Title D  
Name IFTAKHAR, MOHAMMAD  
Address 12408 PAGODA PL  
City-State-Zip: TEMPLE TERRACE FL 33637

Title D  
Name BHAZAK, ABDUL AZIZ  
Address 4302 GUNN HIGHWAY  
APT. #313  
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.*

**SIGNATURE: QUAID M. NOOR**

**PRESIDENT**

**02/07/2024**

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

\_\_\_\_\_  
Date