### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N9800006860

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

## FEI Number: 59-3545793

## Name and Address of Current Registered Agent:

KAYALI, OSAMA S 13250 N 56TH STREET SUITE # 102 TAMPA, FL 33617 US Certificate of Status Desired: No

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

### **Officer/Director Detail :**

	Title	VD	Title	SD	
	Name	NOOR, QUAID M	Name	SORATHIA, YAH YAH	
	Address	5928 TAYWOOD DR	Address	7801 LEGEND AVE	
	City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33637	
	Title	ES	Title	TD	
	Name	YOUSUFF, MOHAMED	Name	GENDI, AMR EL	
	Address	8142 TOM SAWYER DR	Address	11051 SPRINGRIDGE DR	
	City-State-Zip:	TAMPA FL 33637	City-State-Zip:	TAMPA FL 33624	
	Title	D	Title	D	
	Title Name	D YOUSUFF, MOHAMED	Title Name	D GENDI, HATEM EL	
	Name	YOUSUFF, MOHAMED	Name	GENDI, HATEM EL	
	Name Address City-State-Zip:	YOUSUFF, MOHAMED 8142 TOM SAWYER DR	Name Address	GENDI, HATEM EL 11812 E HAMPTON DR	
	Name Address	YOUSUFF, MOHAMED 8142 TOM SAWYER DR TAMPA FL 33637 D	Name Address City-State-Zip:	GENDI, HATEM EL 11812 E HAMPTON DR TAMPA FL 33626	
	Name Address City-State-Zip: Title	YOUSUFF, MOHAMED 8142 TOM SAWYER DR TAMPA FL 33637 D ANWAR, MALIK 4949 MARBARISA DR	Name Address City-State-Zip: Title	GENDI, HATEM EL 11812 E HAMPTON DR TAMPA FL 33626 D	
	Name Address City-State-Zip: Title Name	YOUSUFF, MOHAMED 8142 TOM SAWYER DR TAMPA FL 33637 D ANWAR, MALIK	Name Address City-State-Zip: Title Name	GENDI, HATEM EL 11812 E HAMPTON DR TAMPA FL 33626 D KHAN, NAQEEB AKHTAR 8766 KEY BISCAYNE DR	

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VD

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

Electronic Signature of Signing Officer/Director Detail

FILED Feb 10, 2015 Secretary of State CC6294447777

Date

### **Officer/Director Detail Continued :**

Title	D	Title	D
Name	FEITURI, FEISAL	Name	IFTAKHAR, MOHAMMAD
Address	7625 SOUTHERN BROOK UNIT #205	Address	4949 MARBRISSA DR. APT #1508
City-State-Zip:	TAMPA FL 33635	City-State-Zip:	TAMPA FL 33624