

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006860

FILED
Feb 17, 2017
Secretary of State
CC4046236680

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

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

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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

02/17/2017

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