

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

FILED
 GENERAL REGISTER STATE
 DIVISION OF CORPORATIONS
 JUN 20 1995

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Sandra B. Monham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 733706 (6)
 1. Corporation Name
ISLAMIC SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address

ISCF
 1089 N GOLDENROD RD
 ORLANDO FL 32807
 US

PO BOX 338
 GOLDENROD FL 32733-7330
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/02/1975** 3a. Date of Last Report **04/05/1994**

4. FEI Number **51-0188054** Applied For Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

CHARANI, AMMAR
 1089 N GOLDENROD RD
 ORLANDO FL 32733

10. Name and Address of New Registered Agent

81 Name **MUHAMMAD MUSRI**

82 Street Address (P.O. Box Number is Not Acceptable)
9530 DARIEN AVE.

83

84 City **Orlando** FL 85 Zip Code **32817**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

6-20-1995

SIGNATURE *Muhammad Musri* DATE

Signature, typed or printed name of registered agent if this is applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHARANI, AMMAR
STREET ADDRESS	1089 GOLDENROD RD
CITY - ST - ZIP	ORLANDO FL
TITLE	S
NAME	GIBBS, ERNEST
STREET ADDRESS	1089 GOLDENROD RD
CITY - ST - ZIP	ORLANDO FL
TITLE	T
NAME	ZAKARIA, MOHAMMED
STREET ADDRESS	1089 GOLDENROD RD
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	QADRI, MATEEN
STREET ADDRESS	1089 GOLDENROD RD
CITY - ST - ZIP	ORLANDO FL
TITLE	S
NAME	BELKHEIR, DRISS
STREET ADDRESS	1089 N. GOLDENROD RD
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	GAWAD, AMR
STREET ADDRESS	1089 GOLDENROD RD
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Iqbal Mirza	
13 STREET ADDRESS	1089 Goldenrod RD	
14 CITY - ST - ZIP	Orlando FL 32807	
21 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ZAKARIA, MOHAMMED	
23 STREET ADDRESS	1089 N. Goldenrod RD	
24 CITY - ST - ZIP	Orlando FL 32807	
31 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Gibbs, ERNEST	
33 STREET ADDRESS	1089 N. Goldenrod Rd	
34 CITY - ST - ZIP	Orlando FL 32807	
41 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Ayman Kaman	
43 STREET ADDRESS	1089 N. Goldenrod Rd	
44 CITY - ST - ZIP	Orlando FL 32807	
51 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Mohammad Hafza	
53 STREET ADDRESS	1089 N. Goldenrod Rd	
54 CITY - ST - ZIP	Orlando FL 32807	
61 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	ASIF Javed	
63 STREET ADDRESS	1089 N. Goldenrod Rd	
64 CITY - ST - ZIP	Orlando FL 32807	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mohammad Chusro (ZAKARIA, MOHAMMED)* DATE: **6-20-95** (407) 273-8363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)