

FILE NOW: FILING FEE IS \$61.25

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**Mar 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32733-7338 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified
09/02/1975

4. FEI Number
51-0188054

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MURSI, MUHAMMAD
9530 DARIEN AVE
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	GIBBS, W. ERNEST	1.2 NAME	MUHAMMAD MUSRI
STREET ADDRESS	1005 N. GOLDENROD ROAD	1.3 STREET ADDRESS	9530 DARIEN AVE
CITY-ST-ZIP	ORLANDO FL 32807	1.4 CITY-ST-ZIP	ORLANDO FL 32817
TITLE	S	2.1 TITLE	TR/P
NAME	ABUASBA, M. ZAKARIA	2.2 NAME	W. ERNEST GIBBS
STREET ADDRESS	1089 N. GOLDENROD ROAD	2.3 STREET ADDRESS	1005 N. GOLDENROD ROAD
CITY-ST-ZIP	ORLANDO FL 32807	2.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE	T	3.1 TITLE	TR
NAME	GAWAD, AMRA	3.2 NAME	SYED MUJEEB QADRI
STREET ADDRESS	1089 N. GOLDENROD ROAD	3.3 STREET ADDRESS	1003 Brightwater Cir.
CITY-ST-ZIP	ORLANDO FL 32807	3.4 CITY-ST-ZIP	Maitland FL 32751
TITLE	D	4.1 TITLE	TR
NAME	QADRI, S. MATEEN	4.2 NAME	ABDUL-LATIF KASU
STREET ADDRESS	1089 N. GOLDENROD ROAD	4.3 STREET ADDRESS	8008 COTE CT
CITY-ST-ZIP	ORLANDO FL 32807	4.4 CITY-ST-ZIP	ORLANDO FL 32836
TITLE	D	5.1 TITLE	TR
NAME	ABDR-RAZZAQ, SALEH	5.2 NAME	FAROUK ADAM
STREET ADDRESS	1151 RICHMOOR CIRCLE	5.3 STREET ADDRESS	1221 Richmoor Cir
CITY-ST-ZIP	ORLANDO FL 32807	5.4 CITY-ST-ZIP	Orlando FL 32807
TITLE	D	6.1 TITLE	TR
NAME	ALI KHAM, ASHFAQ	6.2 NAME	AHMADI B. ZAMAN
STREET ADDRESS	1089 N. GOLDENROD RD.	6.3 STREET ADDRESS	412 BARCLAY Ct.
CITY-ST-ZIP	ORLANDO FL 32807	6.4 CITY-ST-ZIP	Altamonte Springs, FL 32701

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MUHAMMAD MUSRI	
1.3 STREET ADDRESS	9530 DARIEN AVE	
1.4 CITY-ST-ZIP	ORLANDO FL 32817	
2.1 TITLE	TR/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	W. ERNEST GIBBS	
2.3 STREET ADDRESS	1005 N. GOLDENROD ROAD	
2.4 CITY-ST-ZIP	ORLANDO FL 32807	
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SYED MUJEEB QADRI	
3.3 STREET ADDRESS	1003 Brightwater Cir.	
3.4 CITY-ST-ZIP	Maitland FL 32751	
4.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ABDUL-LATIF KASU	
4.3 STREET ADDRESS	8008 COTE CT	
4.4 CITY-ST-ZIP	ORLANDO FL 32836	
5.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FAROUK ADAM	
5.3 STREET ADDRESS	1221 Richmoor Cir	
5.4 CITY-ST-ZIP	Orlando FL 32807	
6.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AHMADI B. ZAMAN	
6.3 STREET ADDRESS	412 BARCLAY Ct.	
6.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Muhammad Musri* 3/16/98 (407)273-8363

CR2E037 (10/97)