

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90043 022 \*\*\*\*61.25

DOCUMENT # 739619

1. Corporation Name

ISLAMIC CIRCLE OF NORTH AMERICA, INCORPORATED

Principal Place of Business

404 E HWY 90  
P O BOX 6  
BONIFAY FL 32425

Mailing Address

404 E HWY 90  
P O BOX 6  
BONIFAY FL 32425



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/08/1977

4. FEI Number

59-1787301

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

YUNUS, M  
404-E HWY 90  
BONIFAY FL 32425

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BUKHARI, ZAHID HUSSAIN  
STREET ADDRESS 166-26 89TH AVE  
CITY-ST-ZIP JAMAICA NY

DELETE

TITLE T  
NAME SADIQ, SUHAIL  
STREET ADDRESS 166-26 89TH AVE  
CITY-ST-ZIP JAMAICA NY

DELETE

TITLE D  
NAME SAROYA, NAEEM  
STREET ADDRESS 800 CLIFFS DR STE 108  
CITY-ST-ZIP YPSILANTI MI 48198

DELETE

TITLE D  
NAME DIN, ZAHEERUD  
STREET ADDRESS 95-12 94TH ST  
CITY-ST-ZIP OZONE PK NY 11416

DELETE

TITLE P  
NAME YUNUS, M  
STREET ADDRESS 404-E HWY 90  
CITY-ST-ZIP BONIFAY FL

DELETE

TITLE D  
NAME KHAN, KHURSHID  
STREET ADDRESS 84-27 SMEDLEY ST  
CITY-ST-ZIP BRIARWOOD NY 11435

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D  
ZULFIQAR ALI SHAH  
ISLAMIC CENTER  
JACKSONVILLE, FL

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

T  
MANZOOK A KHALID  
826 - INDIAN LAKE DR.  
LILBURN, GA, 30247

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE: *M. Harris* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 850-547-4284

0010240

CR25037-11/98