2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004
Secretary of State

DOCUMENT# 739619

Entity Name: ISLAMIC CIRCLE OF NORTH AMERICA, INCORPORATED

Current Principal Place of Business:

404 E HWY 90
P O BOX 6
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

404 E HWY 90
P O BOX 6
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-1787301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YUNUS, M
404-E HWY 90
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SULTAN, TALAT	
Address:	ISLAMIC FOUNDATION, 300-W HIGHRIDGE	
City-St-Zip:	VILLA PARK, IL 60181	
Title:	DT	( ) Delete
Name:	MANZOOR, KHALID	
Address:	826 INDIAN LAKE DR	
City-St-Zip:	LILBURN, GA 30247	
Title:	D	( ) Delete
Name:	SHAHZAD, MUHAMMAD N	
Address:	146 JEWETT AVE	
City-St-Zip:	JERSEY CITY, NJ 07304	
Title:	D	( ) Delete
Name:	RAFIQ, SHAHID	
Address:	2894 CAMIND DEL RIO	
City-St-Zip:	BULLHEAD CITY, AZ 86442	
Title:	D	( ) Delete
Name:	YUNUS, MOHAMMAD	
Address:	404-E HWY 90	
City-St-Zip:	BONIFAY, FL 32425	
Title:	D	( ) Delete
Name:	RAZA, FARRUKH	
Address:	SS-A PHELPS AVE	
City-St-Zip:	NEW BRUNSWICK, NJ 08901	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MOHAMMAD YUNUS D 07/22/2004
Electronic Signature of Signing Officer or Director — Date