## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#739619** 

FILED Feb 02, 2005 Secretary of State

Entity Name: ISLAMIC CIRCLE OF NORTH AMERICA, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 404 E HWY 90 POBOX6 BONIFAY, FL 32425 **Current Mailing Address: New Mailing Address:** 404 E HWY 90 POBOX 6 BONIFAY, FL 32425 FEI Number: 59-1787301 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YUNUS, M YUNUS, MOHAMMAD 404-E HWY 90 404-E HWY 90 BONIFAY, FL 32425 BONIFAY, FL 32425 US 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: MOHAMMAD YUNUS 02/02/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition SULTAN, TALAT SHAH, ZULFIQAR A Name: Name: ISLAMIC FOUNDATION, 300-W HIGHRIDGE Address: UNIVERSAL HERITAGE FOUNDATION, 233 ACADEMY Address: City-St-Zip: VILLA PARK, IL 60181 City-St-Zip: KISSIMEE, FL 34744 US Title: () Delete Title: () Change () Addition MANZOOR, KHALID Name: Name: Address: 826 INDIAN LAKE DR Address: City-St-Zip: LILBURN, GA 30247 City-St-Zip: Title: () Delete Title: () Change () Addition SHAHZAD, MUHAMMAD N Name: Name: Address: 146 JEWETT AVE Address: City-St-Zip: JERSEY CITY, NJ 07304 City-St-Zip: (X) Change ( ) Addition Title: () Delete Title: RAFIQ, SHAHID Name: Name: UDDIN, ZAHEER 2894 CAMIND DEL RIO Address: Address: 95-12 94TH ST. OZONE PARK City-St-Zip: BULLHEAD CITY, AZ 86442 City-St-Zip: NEW YORK, NY 11416 Title: () Delete Title: () Change () Addition YUNUS, MOHAMMAD Name: Name: 404-E HWY 90 Address: Address: City-St-Zip: BONIFAY, FL 32425 City-St-Zip: Title: () Delete Title: () Change () Addition RAZA. FARRUKH Name: Name: Address: SS-A PHELPS AVE Address: NEW BRUNSWICK, NJ 08901 City-St-Zip: 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 02/02/2005