

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739619

FILED
Apr 29, 2007
Secretary of State

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:

404 E HWY 90
BONIFAY, FL 32425

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, MOHAMMAD
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: KHAN, KHURSHID
Address: 166-26, 89TH AVE JAMAICA
City-St-Zip: NEW YORK, NY 11423 US

Title: DT () Delete
Name: TAFSIR, ADNAN SYED
Address: 514 GOODWIN DR.
City-St-Zip: RICHARDSON, TX 75081

Title: D () Delete
Name: SHAHZAD, MUHAMMAD N
Address: 146 JEWETT AVE
City-St-Zip: JERSEY CITY, NJ 07304

Title: D () Delete
Name: BAIG, NAEEM
Address: 212 A COLLEN DR. #223
City-St-Zip: LOMBARD, IL 60148

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 exemption stated in Chapter 119, 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: MOHAMMMAD YUNUS

D

04/29/2007

Electronic Signature of Signing Officer or Director

Date