

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739619

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** ISLAMIC CIRCLE OF NORTH AMERICA, INCORPORATED

**Current Principal Place of Business:**

404 E HWY 90  
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:**

404 E HWY 90  
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:**

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: P (X) Change ( ) Addition  
Name: BUKHARI, ZAHID  
Address: 166-26, 89TH AVE JAMAICA  
City-St-Zip: NEW YORK, NY 11423 US

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: MOHAMMAD YUNUS

D

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date