

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745202

FILED
Apr 10, 2007
Secretary of State

Entity Name: ISLAMIC CENTER OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

2333 ST JOHN'S BLUFF RD S
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

2333 ST JOHN'S BLUFF RD S
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 26-0011174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAHRA, ATEF
2333 ST JOHN'S BLUFF RD S
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

SHAIKH, ASHRAF
2333 ST JOHN'S BLUFF RD S
JACKSONVILLE, FL 32246 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: KHADIM HUSSAIN

04/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZAHRA, ATEF
Address: 2333 ST JOHN'S BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: SHAIKH, ASHRAF
Address: 2333 ST JOHN'S BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: SHUJA, SANIA
Address: 2333 ST JOHN'S BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: HUSSAIN, KHADIM
Address: 2333 ST JOHN'S BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: SHAH, RAHIM
Address: 2333 ST JOHN'S BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: SHABAZZ, NAJMAH
Address: 2333 ST JOHN'S BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SUMRA, RATHORE
Address: 2333 ST JOHN'S BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

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

Title: D (X) Change () Addition
Name: MONA, MOHAMMAD
Address: 2333 ST JOHN'S BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

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 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: KHADIM HUSSAIN

D

04/10/2007

Electronic Signature of Signing Officer or Director

Date