

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 6/30/96: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**DOCUMENT # 762393 (7)**  
 1. Corporation Name  
**ISLAMIC COMMUNITY OF SOUTH WEST FLORIDA, INC.**

95 JUN 19 AM 11:44

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 21216 OLEAN BLVD., #3 PORT CHARLOTTE FL 33952  
 21216 OLEAN BLVD., #3 PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified <b>03/11/1982</b>	3a. Date of Last Report <b>10/04/1994</b>
4. FEI Number <b>59-2207380</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under a. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**KEMAL, MIFTAH**  
**26058 PAYSANDU DR.**  
**PUNTA GORDA FL 33983**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>IMAMI, RIAZUL H</b>
STREET ADDRESS	<b>2118 AARON ST.</b>
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>
TITLE	<b>D</b>
NAME	<b>MOOPEN, MOIDEEN</b>
STREET ADDRESS	<b>2490 ABCOTT ST.</b>
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>
TITLE	<b>D</b>
NAME	<b>KEMAL, MIFTAH</b>
STREET ADDRESS	<b>26058 PAYSANDU DR.</b>
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>D</b>
NAME	<b>SHEERMOHAMED, ALLIM</b>
STREET ADDRESS	<b>2168 TAIPEL CT</b>
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>D</b>
NAME	<b>SATTAR, RAFAEK</b>
STREET ADDRESS	<b>38830 WASHINGTON LOOP RD.</b>
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Miftah Kemal Date: 6/12/95 (813) 625 1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MIFTAH KEMAL**

CR2E037 (3/95)