

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 17 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

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



Principal Place of Business  
**21216 OLEAN BLVD. #3 PORT CHARLOTTE FL 33952**

Mailing Address  
**21216 OLEAN BLVD. #3 PORT CHARLOTTE FL 33952-6771**

3. Date Incorporated or Qualified **03/11/1982** 3a. Date of Last Report **01/29/1996**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

4. FEI Number **59-2207380** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 **FL** 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 \_\_\_\_\_ (NOTE: Registered agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
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> <input type="checkbox"/> DELETE
NAME	<b>MOOPEN, MOIDEEN</b>
STREET ADDRESS	<b>2490 ABCOTT ST.</b>
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KEMAL, MIFTAH</b>
STREET ADDRESS	<b>26058 PAYSANDU DR.</b>
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHEERMOHAMED, ALLIM</b>
STREET ADDRESS	<b>2168 TAJPEL CT</b>
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SATTAR, RAFAEK</b>
STREET ADDRESS	<b>38830 WASHINGTON LOOP RD.</b>
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NE	
1.3 SEET ADDRESS	
1.4 I - ST - ZIP	
2.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NE	
2.3 SEET ADDRESS	
2.4 I - ST - ZIP	
3.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NE	
3.3 SEET ADDRESS	
3.4 I - ST - ZIP	
4.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NE	
4.3 SEET ADDRESS	
4.4 I - ST - ZIP	
5.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NE	
5.3 SEET ADDRESS	
5.4 I - ST - ZIP	
6.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NE	
6.3 SEET ADDRESS	
6.4 I - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true 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* **MIFTAH KEMAL 1/7/97** 941-625-1111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067768

CR2E037 (9/96)