

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

**FILED**

**Feb 17 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION. ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762393 (7)**  
1. Corporation Name  
**ISLAMIC COMMUNITY OF SOUTH WEST FLORIDA, INC.**



Principal Place of Business <b>21216 OLEAN BLVD., #3 PORT CHARLOTTE FL 33952</b>	Mailing Address <b>21216 OLEAN BLVD., #3 PORT CHARLOTTE FL 33952</b>
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3. Date Incorporated or Qualified <b>03/11/1982</b>	
4. FEI Number <b>59-2207380</b>	Applied For <input checked="" type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent <b>KEMAL, MIFTAH 28058 PAYSANDU DR. PUNTA GORDA FL 33983</b>	10. Name and Address of New Registered Agent 81 Name <b>MRS SARFRAZ ISLAM</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>105 S.E. GRAHAM ST.</b> 83 <b>PO</b> 84 City <b>PORTCHARLOTTE</b> FL 85 Zip Code <b>33952</b>
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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 *Sarfraz Islam* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IMAMI, RIAZUL H</b>	1.2 NAME	
STREET ADDRESS	<b>2118 AARON ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOOPEN, MOIDEEN</b>	2.2 NAME	
STREET ADDRESS	<b>2490 ABCOTT ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMAL, MIFTAH</b>	3.2 NAME	
STREET ADDRESS	<b>28058 PAYSANDU DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEERMOHAMED, ALLIM</b>	4.2 NAME	
STREET ADDRESS	<b>2168 TAPPEL CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SATTAR, RAFAEK</b>	5.2 NAME	
STREET ADDRESS	<b>38830 WASHINGTON LOOP RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE <b>ADD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the 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 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: *Sarfraz Islam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)