


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90048 050 ****61.25

DOCUMENT # 762393

1. Entity Name
ISLAMIC COMMUNITY OF SOUTH WEST FLORIDA, INC.



Principal Place of Business
**25148 HARBOR VIEW RD
 CHARLOTTE HARBOR, FL 33980**

Mailing Address
**25148 HARBOR VIEW RD
 CHARLOTTE HARBOR, FL 33980**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01162008 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip
 Country

4. FEI Number
59-2207380

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ISLAM, SARFRAZ M
 105 S.W. GRAHAM ST
 PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

**Make check payable to
 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOOPEN, MOIDEEN | NAME | |
| STREET ADDRESS | 2490 ABSCOTT ST. | STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 | CITY-ST-ZIP | |
| TITLE | M <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KHALDI, NASIR | NAME | |
| STREET ADDRESS | P.O. BOX 496420 | STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 339496420 | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIFTAH, KEMAL | NAME | |
| STREET ADDRESS | 21216 OLEAN BOULEVARD SUITE 3 | STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 | CITY-ST-ZIP | |
| TITLE | M <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ISLAM, SARFAX | NAME | |
| STREET ADDRESS | 105 SW GRAHAM ST | STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Date:** 1-16-08 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR