

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001766

FILED
Mar 05, 2006
Secretary of State

Entity Name: ISLAMIC CENTER OF MICHIGAN CITY INDIANA, INC

Current Principal Place of Business:

428 BLACK OAK DR
MICHIGAN CITY, IN 46360

New Principal Place of Business:

P.O. BOX
MICHIGAN CITY, IN 46361

Current Mailing Address:

PO BOX 710
MICHIGAN CITY, IN 46361

New Mailing Address:

FEI Number: 23-7106415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAKIM, HANA
9319 TIBET POINTE CIR
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MROUEH, HUSSIEN
Address: 701 HOYT ST
City-St-Zip: MICHIGAN CITY, IN 46360

Title: D () Delete
Name: HAKIM, BRAHIM
Address: 240 W COOLSPRING
City-St-Zip: MICHIGAN CITY, IN 46360

Title: D () Delete
Name: AGEMY, SAMER
Address: 122 LAWNDALDE PLACE
City-St-Zip: MICHIGAN CITY, IN 46360

Title: D () Delete
Name: DABAGIA, JABER
Address: 2813 GREENWOOD AVE
City-St-Zip: MICHIGAN CITY, IN 46360

Title: P () Delete
Name: HAKIM, HUSSIEN
Address: 7525 W 125N
City-St-Zip: LAPORTE, IN 46350

Title: VP () Delete
Name: ARSHAMI, TAGHI
Address: 6409 CLEVELAND ST
City-St-Zip: MERRILLVILLE, IN 46410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JAMAL M. AGEMY

SEC.

03/05/2006

Electronic Signature of Signing Officer or Director

_____ Date