

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000933

**FILED
Jan 27, 2004
Secretary of State**

Entity Name: ASSOCIATION OF ISLAMIC CHARITABLE PROJECTS INC.

Current Principal Place of Business:

4431 WALNUT ST.
PHILADELPHIA, PA 19104

New Principal Place of Business:

Current Mailing Address:

4431 WALNUT ST.
PHILADELPHIA, PA 19104

New Mailing Address:

FEI Number: 23-2628749 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHATILA, AHMAD MR.
2820 GRIFFIN RD.
FORT LAUDERDALE, FL 33812 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: PDC () Delete
Name: DIMACHKIE, OMAR
Address: 545 E. ST. ANDREWS DR.
City-St-Zip: MEDIA, PA 19063

Title: VDC () Delete
Name: KADI, SAMIR
Address: 509 SMEDLEY AVE.
City-St-Zip: MEDIA, PA 19063

Title: SD () Delete
Name: ALAMIDOIN, GHASSAN
Address: 7680 TAFT ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD () Delete
Name: AHMAD, CHATILA
Address: 19410 NORHT WEST 62 PLACE
City-St-Zip: MIAMI, FL 33015

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OMAR DIMACHKIE

PDC

01/27/2004

Electronic Signature of Signing Officer or Director

_____ Date