

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000933

FILED  
Mar 21, 2007  
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: ALI, GHAZZAWI  
Address: 170 SHERBROOK BLVD.  
City-St-Zip: UPPER DARBY, PA 19082

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 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: OMAR DIMACHKIE

PRES

03/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date