

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000000014

1. Entity Name

IMAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

340 WEST 23RD STREET  
SUITE B  
PANAMA CITY FL 32401

*Naima Abdelghany*  
ABDEL-GHANY-NAIMA  
PO BOX 15998  
PANAMA CITY FL 32406-5998

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-1688697  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITSITT, RICHARD L  
2454 PRETTY BAYOU BLVD.  
PANAMA CITY FL 32405

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ABDEL-GHANY, NAIMA  
340 WEST 23RD STREET, SUITE K  
PANAMA CITY FL 32401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Naima Abdelghany*  
1717 Country Club Dr  
Lynn Haven, FL 32444-1983 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ABDEL-GHANY, AMIN  
340 WEST 23RD STREET, SUITE B  
PANAMA CITY FL 32401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ELZAWAHRY, KAMEL  
2202 STATE AVENUE, SUITE 201  
PANAMA CITY FL 32401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

850-872-8122

Date

Daytime Phone #

CP2E037 (9/01)

FILED  
Jun 03, 2002 8:00 am  
Secretary of State

05-02-2002 90088 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE