

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001080

FILED
Apr 30, 2009
Secretary of State

Entity Name: ISLAMIC CENTER OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

3445 EAST JOHNSON AVE.
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 10837
PENSACOLA, FL 32524 US

New Mailing Address:

FEI Number: 59-3629924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIFAI, AREF MD
4440 D'EVEREUX DR.
PENSACOLA, FL 32504 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: PTD () Delete
Name: HUMEDA, HUMAM DR
Address: 4104 BRITIANY PL
City-St-Zip: PENSACOLA, FL 32504

Title: VTD () Delete
Name: ALSHAZLY, FATEN
Address: 2308 ARRIVISTE WAY
City-St-Zip: PENSACOLA, FL 32504

Title: STD () Delete
Name: RIFAI, AREF DR
Address: 4440 DEVEREUX DR
City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete
Name: RAZEK, MONEM
Address: 2138 CHESHIRE CT.
City-St-Zip: NAVARRA, FL 32466

Title: D () Delete
Name: SOUED, MOUNZER MD
Address: 2309 ARRIVISTE WAY
City-St-Zip: PENSACOLA, FL 32504

Title: M () Delete
Name: ALSHEIKH, THABET MD
Address: 7125 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32504

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:

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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 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: AREF RIFAI

MD

04/30/2009

Electronic Signature of Signing Officer or Director

Date