

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005230

FILED  
Jan 27, 2005  
Secretary of State

**Entity Name:** MUSLIM LADIES ASSOCIATION OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

4564 THORNLEA RD  
ORLANDO, FL 328171241

**New Principal Place of Business:**

**Current Mailing Address:**

4564 THORNLEA RD  
ORLANDO, FL 328171241

**New Mailing Address:**

**FEI Number:** 59-3743445

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MANSORI, ZUBAIR  
863 CYNTHIANNA CIR  
ALTAMONTE SPRINGS, FL 32701 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: AHMAD, ANEESA  
Address: 509 BARCLAY AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: KHAN, RAZIA  
Address: 9314 CYPRESS COVE DR  
City-St-Zip: ORLANDO, FL 32819

Title: P ( ) Delete  
Name: AKHTAR, SHAHEDA  
Address: 4564 THORNLEA ROAD  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: WAHID, PARVEEN  
Address: 10527 VIA DEL SOL  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: DAWOOD, FARIDA  
Address: 5406 BAYTOWNE PL  
City-St-Zip: OVEIDO, FL 32765

Title: D ( ) Delete  
Name: SHAIKH, SHAMA  
Address: 8507 RUSTIC GATE CT  
City-St-Zip: ORLANDO, FL 32819

**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 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: ZUBAIR S. MANSORI

D

01/27/2005

Electronic Signature of Signing Officer or Director

Date