

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005230

FILED
Jan 28, 2008
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 ()

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: MANSORI, KAUSER
Address: 863 CYNTHIANNA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 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: SHAHEDA AKHTAR

P

01/28/2008

Electronic Signature of Signing Officer or Director

Date