2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N01000005230

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: ZUBAIR S. MANSORI ATTY 03/20/2009

Electronic Signature of Signing Officer or Director — Date