


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000005887 1. Entity Name ISLAMIC EDUCATION CENTER OF FLORIDA INC.	
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Principal Place of Business 6908 EASTER ST STE A WINTER PARK, FL 32792	Mailing Address P.O BOX 677671 ORLANDO, FL 32867
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3735515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOULAVI, DEBBIE 2284 RED EMBER RD. OVIEDO, FL 32765

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000616773 02/07/07-30044-001 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOULAVI, DEBBIE 2284 RED EMBER RD. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABBOS, HADI 10822 BUCK RD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIZVI, WAJAHAT 8997 LEE VISTA BLVD APT 2006 ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MERCHANT, TABASSUM 238 FAIRWAY POINT CIRCLE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSC HUSSEIN, YOUSEF 2890 NESMITH COURT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAJDA, MOHMOUD 679 MONTEGOBY BAY CT WINTER PARK, FL 32792

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Debbie Moulavi* **1/29/07 4074216205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

Debbie Moulavi - President