

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005887

FILED
Jan 14, 2008
Secretary of State

Entity Name: ISLAMIC EDUCATION CENTER OF FLORIDA INC.

Current Principal Place of Business:

6908 EASTER ST
STE A
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

P.O BOX 677671
ORLANDO, FL 32867

New Mailing Address:

FEI Number: 59-3735515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOULAVI, DEBBIE
2284 RED EMBER RD.
OVIEDO, FL 32765 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: DP () Delete
Name: MOULAVI, DEBBIE
Address: 2284 RED EMBER RD.
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: ABBOS, HADI
Address: 10822 BUCK RD
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: RIZVI, WAJAHAT
Address: 8997 LEE VISTA BLVD APT 2006
City-St-Zip: ORLANDO, FL 32829

Title: DS () Delete
Name: MERCHANT, TABASSUM
Address: 238 FAIRWAY POINT CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: DSC () Delete
Name: HUSSEIN, YOUSEF
Address: 2890 NESMITH COURT
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: NAJDA, MOHMOUD
Address: 679 MONTEGOBY BAY CT
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: SOJERI, BEHROOZ
Address: 12635 VICOTRIA PLACE CIRCLE
City-St-Zip: ORLANDO, FL 32828

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: DEBBIE MOULAVI

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date