2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004
Secretary of State

DOCUMENT# N01000007881

Entity Name: ISLAMIC CENTER OF POLK COUNTY, FLA., INC.,

Current Principal Place of Business:

242 ASH LN
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

242 ASH LN
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3179362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, DAVID
242 ASH LN
LAKELAND, FL 33813 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: CMD ( ) Delete
Name: ANDERSON, DAVID
Address: 242 ASH LN
City-St-Zip: LAKELAND, FL 33813

Title: SMD ( ) Delete
Name: ESAYED, NAWAF
Address: 200 AVE K SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VCMD ( ) Delete
Name: SAPP, WILLIAM
Address: 131 AVE T NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: TMD ( ) Delete
Name: RASHID, FAIZ
Address: 1395 MLK BLVD
City-St-Zip: BARTOW, FL 33830

Title: MD ( ) Delete
Name: HAMDAN, ALA'A
Address: 2606 S 4TH ST
City-St-Zip: HAINES CITY, FL 33844

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:

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: DAVID ANDERSON PRES 08/30/2004

Electronic Signature of Signing Officer or Director — Date