

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000000636

1. Entity Name

ISLAMIC HOPE FOUNDATION, INC.



Principal Place of Business

7628-7 103RD STREET
JACKSONVILLE, FL 32210

Mailing Address

7628-7 103RD STREET
JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number

47-0864250

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEASLER, FRANK R JR, ESQ
4309 PABLO OAKS CT., STE. 5
JACKSONVILLE, FL 32224

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HUSSAIN, SYED S
STREET ADDRESS 5115 ORTEGA FARMS BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D
NAME HUSSAIN, SYED M
STREET ADDRESS HOUSE #582, ST. #69, 18-3
CITY-ST-ZIP ISLAMABAD,

TITLE D
NAME HUSSAIN, SYED I
STREET ADDRESS 3155 WAVERING LANE
CITY-ST-ZIP MIDDLEBERG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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01/08/04-80016-008 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Syed S. Hussain

Date

Daytime Phone #

1/5/03