

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90206 011 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 7685 103rd Street Suite, Apt. #, etc. Suite #4 City & State Jacksonville, Florida Zip 32210 Country United States		3. Mailing Address 7685 103rd Street Suite, Apt. #, etc. Suite #4 City & State Jacksonville, Florida Zip 32210 Country United States	
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 HUSSAIN, SYED S 7628-7 103RD STREET JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSAIN, SYED S 5115 ORTEGA FARMS BLVD JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSAIN, SYED M HOUSE #582, ST. #69, 18-3 ISLAMABAD,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSAIN, SYED I 3155 WAVERING LANE MIDDLEBERG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hussain, Syed I 5115 Ortega Farms Blvd Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		_____ Date Daytime Phone #	