2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N02000000919

Entity Name: ISLAMIC EDUCATION CENTER OF ORLANDO, INC.

Current Principal Place of Business:

5211 HESTER AVENUE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

340 TWELVE OAKS DR
WINTER SPRINGS, FL 32708

New Mailing Address:

268 MAGNOLIA PARK TRAIL
SANFORD, FL 32773

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALI, BATOOL S
340 TWELVE OAKS DR
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

PIRMOHAMED, MUSTAFA
268 MAGNOLIA PARK TRAIL
SANFORD, FL 32773 US

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: MUSTAFA PIRMOHAMED 03/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HASSAN, MASOOMA
Address: 626 TALL OAKS TERRACE
City-St-Zip: LONGWOOD, FL 32750

Title: VD ( ) Delete
Name: MANJI, SIDIKA
Address: 1673 PINE BAY DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete
Name: ALI, BATOOL S
Address: 340 TWELVE OAKS DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LADAK, MUMTAZ
Address: 323 NEEDLES TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change ( ) Addition
Name: MERCHANT, TABASSUM
Address: 238 FAIRWAY POINTE CR
City-St-Zip: ORLANDO, FL 32828

Title: S (X) Change ( ) Addition
Name: RAHIM, ZAINAB
Address: 145 MAGNOLIA PARK TRAIL
City-St-Zip: SANFORD, FL 32773

Title: T ( ) Change (X) Addition
Name: PIRMOHAMED, MUSTAFA
Address: 268 MAGNOLIA PARK TRAIL
City-St-Zip: SANFORD, FL 32773

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: MUSTAFA PIRMOHAMED T 03/16/2009
Electronic Signature of Signing Officer or Director Date