

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000919

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**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:**

268 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773

**New Mailing Address:**

**FEI Number:** 04-3600881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIRMOHAMED, MUSTAFA  
268 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773 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:** P  
**Name:** LADAK, MUMTAZ  
**Address:** 323 NEEDLES TRAIL  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** VP  
**Name:** HASHAM, MUSTAFA  
**Address:** 3258 SAFE HARBOR LN  
**City-St-Zip:** LAKE MARY, FL 32746

**Title:** S  
**Name:** DHANJI, ARIFA  
**Address:** 209 LAKEBREEZE CIR  
**City-St-Zip:** LAKE MARY, FL 32746

**Title:** T  
**Name:** PIRMOHAMED, MUSTAFA  
**Address:** 268 MAGNOLIA PARK TRAIL  
**City-St-Zip:** SANFORD, FL 32773

I hereby 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 all other like empowered.

**SIGNATURE:** MUSTAFA PIRMOHAMED

T

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date