

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008329

1. Entity Name
IRANIAN CHRISTIAN CHURCH OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address

45 W. BROADWAY **1580 CROSSBEAM DR.**
OVIDO, FL 32765 **CASSELBERRY, FL 32707**



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3662136 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SADIGHI, SUSAN
1580 CROSSBEAM DR.
CASSELBERRY, FL 32707

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000183429
01/19/05-80066-019 70.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | D |
| NAME | DOWLATSHAHI, CYRUS ELDER |
| STREET ADDRESS | 2524 WOODGATE BLVD, SUITE 203 |
| CITY-ST-ZIP | ORLANDO, FL 32822 |
| TITLE | D |
| NAME | AKBARI, ALI DEACON |
| STREET ADDRESS | 1998 WATER LANE |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | STD |
| NAME | SADIGHI, SUSAN |
| STREET ADDRESS | 1580 CROSSBEAM DRIVE |
| CITY-ST-ZIP | CASSELBERRY, FL 32707 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: Susan Sadighi **SUSAN SADIGHI** 1-13-05 467-482-7884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #