


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90016 016 \*\*\*\*70.00

**DOCUMENT # N02000008329**

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



Principal Place of Business  
**45 W. BROADWAY  
 OVIEDO, FL 32765**

Mailing Address  
**855 WOOD BRIAR LOOP  
 SANFORD, FL 32771**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04152008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**04-3662136**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**SADIGHI, SUSAN  
 855 WOOD BRIAR LOOP  
 SANFORD, FL 32771**

**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 re-registering) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	DOWLATSHAHI, CYRUS ELDER	
STREET ADDRESS	2524 WOODGATE BLVD, SUITE 203	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	AKBARI, ALI DEACON	
STREET ADDRESS	810 BRUMLEY RD	
CITY-ST-ZIP	CHULUOTA, FL 32766	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SADIGHI, SUSAN	
STREET ADDRESS	855 WOOD BRIAR LOOP	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, ALBERT	
STREET ADDRESS	656 Lake Charm Dr.	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Susan Sadighi **4-16-08** **407-463-4482**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #