

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008329

FILED  
Mar 08, 2009  
Secretary of State

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

**Current Principal Place of Business:**

45 W. BROADWAY  
OVIEDO, FL 32765

**New Principal Place of Business:**

1199 CLAY STREET  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

855 WOOD BRIAR LOOP  
SANFORD, FL 32771

**New Mailing Address:**

855 WOOD BRIAR LOOP  
SANFORD, FL 32771 US

FEI Number: 04-3662136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SADIGHI, SUSAN  
855 WOOD BRIAR LOOP  
SANFORD, FL 32771 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: D ( ) Delete  
Name: AKBARI, ALI DEACON  
Address: 810 BRUMLEY RD  
City-St-Zip: CHULUOTA, FL 32766

Title: STD ( ) Delete  
Name: SADIGHI, SUSAN  
Address: 855 WOOD BRIAR LOOP  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: MYERS, ALBERT ELDER  
Address: 656 LAKE CHARMA DR  
City-St-Zip: OVIEDO, FL 32765

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: AKBARI, ALI DEACON  
Address: 810 BRUMLEY RD  
City-St-Zip: CHULUOTA, FL 32766 US

Title: STD (X) Change ( ) Addition  
Name: SADIGHI, SUSAN  
Address: 855 WOOD BRIAR LOOP  
City-St-Zip: SANFORD, FL 32771 US

Title: D (X) Change ( ) Addition  
Name: MYERS, ALBERT ELDER  
Address: 656 LAKE CHARMA DR  
City-St-Zip: OVIEDO, FL 32765 US

Title: D ( ) Change (X) Addition  
Name: JAAFAR, ATTARAN PASTOR  
Address: 5333 ADANSON STREET  
City-St-Zip: ORLANDO, FL 32810 US

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: SUSAN SADIGHI

STD

03/08/2009

Electronic Signature of Signing Officer or Director

Date