

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008446

FILED
Feb 18, 2010
Secretary of State

Entity Name: ISLAMIC CENTER OF FORT PIERCE INC.

Current Principal Place of Business:

1104 WEST MIDWAY ROAD
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1104 WEST MIDWAY ROAD
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 86-1083013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAHMAN, SYED SHAFEEQ U
1106 WEST MIDWAY ROAD
FORT PIERCE, FL 34982 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: DP
Name: RAHMAN, SYED SHAFEEQ U DR.
Address: 1106 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

Title: DVP
Name: QURESHI, AKHTAR MR
Address: 1104 W MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

Title: DST
Name: KHAN, IMTIAZ J DR.
Address: 1104 W. MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

Title: D
Name: IBRAHIM, SAMEER MR
Address: 1104 W. MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

Title: D
Name: KHAN, SHAH-WALI MR.
Address: 1104 W. MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34982

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: SYED SHAFEEQ UR RAHMAN, M.D.

M.D

02/18/2010

Electronic Signature of Signing Officer or Director

Date