

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03000010355

1. Entity Name
ISLAMIC LEARNING INSTITUTE, INC.



Principal Place of Business
**4905 34TH STREET SOUTH
#264
ST. PETERSBURG, FL 33711**

Mailing Address
**4905 34TH STREET SOUTH
#264
ST. PETERSBURG, FL 33711**



04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1629039

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AHMED, QASIM
827 SNELL ISLE BOULEVARD NE
ST. PETERSBURG, FL**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	AHMED, QASIM
STREET ADDRESS	3880 34TH AVENUE S., #E
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711

TITLE	ST
NAME	AHMAD, NADIYAH
STREET ADDRESS	3880 34TH AVENUE S., #E
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80141-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Qasim Ahmed **Qasim Ahmed** 4/29/05 727-867-4994