

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 04 1997 8:00am
Secretary of State

DOCUMENT # **N04865** (4)

1. Corporation Name

IRANIAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

**14673 QUAIL TR CIR
ORLANDO FL 32837**

Mailing Address

**14673 QUAIL TR CIR
ORLANDO FL 32837**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1984

3a. Date of Last Report
10/16/1996

4. FEI Number
59-2462018

Applied For
Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MAHLOUJI, FARSHID
14673 QUAIL TR CIR
ORLANDO FL 32837**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **MAHLOUJI, FARSHID**
STREET ADDRESS **14673 QUAIL TR CIR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VD** ☐ DELETE
NAME **MOHAMMAD, MAROJI**
STREET ADDRESS **P.O. BOX 770454, N/A**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **SD** ☐ DELETE
NAME **LIMAKI, HELEN**
STREET ADDRESS **14673 QUAIL TR CIR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **TD** ☐ DELETE
NAME **LIMAKI, HELEN KH**
STREET ADDRESS **7009 TALLOW TREE LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DS** ☐ DELETE
NAME **MAZUJI, MOHAMAD K.**
STREET ADDRESS **12515 WOODLEA RD.**
CITY-ST-ZIP **TAVARES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **E. SIGNATURE REQUIRED**

7 30 22 42 88 4029

CR2E037 (4/97)