

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04865

1. Entity Name
IRANIAN ASSOCIATION OF CENTRAL FLORIDA, INC.



Principal Place of Business
**12515 WOOD LEA RD
TAVARES, FL 32778**

Mailing Address
**12515 WOOD LEA RD
TAVARES, FL 32778**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90012 029 ****61.25



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2462018

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAZUJI, MOHAMED K
12515 WOOD LEA DR
TAVARES, FL 32778**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MAZOJI, MOHAMMAD K
12515 WOODLEA RD
TAVARES, FL 32770 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PIT/D
MAZUJI MOHAMAD K
12515 WOODLEA RD
TAVARES, FL 32778 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MOHAMAD, HAMZEHLLOUI
1136 BRANTLEY ESTATE DR
ALTAMONTE SPRINGS, FL 32714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
HAMZEHLLOUI MOHAMMAD R
885 VICTORIA TERRACE
ALTAMONTE SPRINGS FL 32701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MAZUJI, MOHAMAD K.
12515 WOODLEA RD.
TAVARES, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
MOGHARI KARIM
106 ALEXANDRIA WOODS DR.
DEBARY, FL 32713 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
JAVAHERI ALI
522 WILLINGHAM PL.
LAKE MARY FL 32746 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEHBOUD BEHNAM
940 WESSON DR.
CASSELBERRY FL 32707 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I 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 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: *M.K. Mazuji, M.D.* **MOHAMAD K MAZUJI** 01.09.04 407.463-7858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #