2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04865

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

FILED
Jan 26, 2005 08:00 AM
Secretary of State

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

01222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

000001197365
01/27/05-80009-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MAZUJI, MOHAMMAD K
STREET ADDRESS	12515 WOODLEA RD
CITY-ST-ZIP	TAVERES, FL 32770
TITLE	VD
NAME	MOHAMAD, HAMZEHLOUI
STREET ADDRESS	885 VICTORIA TERRACE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	TD
NAME	KARIM, MOGHARI
STREET ADDRESS	106 ALEXANDRIA WOODS DR.
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	SD
NAME	JAVAHERI, ALI
STREET ADDRESS	522 WILLINGHAM PLACE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	BEHNAM, BEHBOUD
STREET ADDRESS	940 WESSON DR.
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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 MOHAMMAD K. MAZUJI 01.21.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 407-463-7858