## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006766

FILED May 11, 2009 Secretary of State

Entity Name: ISLAMIC CENTER OF PALM BEACH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

101 CASTLEWOOD ST

NORTH PALM BEACH, FL 33408

**Current Mailing Address: New Mailing Address:** 

PO BOX 30684

WEST PALM BEACH, FL 33420

FEI Number: 20-3167881 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHARIFF, ADNAN 155 SPOÓNBILL CT. JUPITER, FL 33488 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete ALAM, MANSOOR Name: Name: 101 CASTLEWOOD ST Address:

City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Delete Name: KHAN, MOTTAMMAD S

Address: 101 CASTLEWOOD ST City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Delete AHMAD, RIAZ Name:

101 CASTLEWOOD ST Address: City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Delete

UDDIN, JAMAL Name: 101 CASTLEWOOD ST Address:

City-St-Zip: NORTH PALM BEACH, FL 33408

(X) Change ( ) Addition FAISAL, MOHAMMAD G

Address: 1502 CARAFE CT

City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: (X) Change ( ) Addition

Name: AHMED, RIAZ

Address: 101 CASTLEWOOD ST

City-St-Zip: NORTH PALM BEACH, FL 33408

Title: (X) Change ( ) Addition

GOMAA, ELSAYED Name:

101 CASTLEWOOD ST Address: City-St-Zip: NORTH PALM BEACH, FL 33408

(X) Change ( ) Addition Title:

Name: HOSSAIN, RUBINA

101 CASTLEWOOD ST Address:

City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Ρ SIGNATURE: MOHAMMAD G. FAISAL 05/11/2009