

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006766

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ISLAMIC CENTER OF PALM BEACH, INC.

**Current Principal Place of Business:**

101 CASTLEWOOD DR  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 30684  
WEST PALM BEACH, FL 33420

**New Mailing Address:**

**FEI Number:** 20-3167881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELHOSSEINY, SHARIF  
101 CASTLEWOOD DR  
NORTH PALM BEACH, FL 33408 US

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

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:**

**Title:** P  
**Name:** ELHOSSEINY, SHARIF M P  
**Address:** 101 CASTLEWOOD DR  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

**Title:** S  
**Name:** GOMAA, ELSAYED S  
**Address:** 101 CASTLEWOOD DR  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

**Title:** T  
**Name:** MURIC, EMIR  
**Address:** 101 CASTLEWOOD DR  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

I hereby 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 all other like empowered.

**SIGNATURE:** SHARIF ELHOSSEINY

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date