

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011436

FILED
May 01, 2008
Secretary of State

Entity Name: MUSLIM ACADEMY OF GREATER ORLANDO, INC.

Current Principal Place of Business:

11551 RUBY LAKE RD.
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22226
LAKE BUENA VISTA, FL 32830

New Mailing Address:

FEI Number: 56-2620244 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

LATEEF, SYED K
9227 POINT CYPRESS DR.
ORLANDO, FL 32836 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:

Title: VP () Delete
Name: LATEEF, SYED K
Address: 9227 POINT CYPRESS DR.
City-St-Zip: ORLANDO, FL 32836

Title: P () Delete
Name: SIDDIQUI, SHOAB
Address: 10407 EMERALD WOODS AVE
City-St-Zip: ORLANDO, FL 32836

Title: S () Delete
Name: DIN, SALAH U
Address: 10933 EMERALD CHASE DR
City-St-Zip: ORLANDO, FL 32836

Title: T () Delete
Name: GAGAN, IQBAL
Address: 8850 TRUSSWAY BLVD
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHOAB SIDDIQUI

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date