

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009813

FILED
Apr 17, 2008
Secretary of State

Entity Name: MUSLIM ASSOCIATION OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1100 SW 20TH PL
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1100 SW 20TH PL
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMAD, ABDUALRAHMAN E
1100 SW 20TH PL
GAINESVILLE, FL 32601 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: D () Delete
Name: HAMAD, ABDUALRAHMAN E
Address: 1100 SW 20TH PL
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: MOHAMED, AHMED
Address: 2121 NW 20TH ST
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: SHERIF, AHMED
Address: 3544 NW 88TH TER
City-St-Zip: GAINESVILLE, FL 32606

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:

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: AHMED SHERIF

D

04/17/2008

Electronic Signature of Signing Officer or Director

Date