

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000012089

**FILED**  
**Feb 14, 2010**  
**Secretary of State**

**Entity Name:** ISLAMIC UNDERSTANDING INSTITUTE, INC.

**Current Principal Place of Business:**

2415 PARKWOOD DRIVE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

237-F WEST 15TH STREET, LINCOLN CENTER  
PANAMA CITY, FL 32401 US

**Current Mailing Address:**

2415 PARKWOOD DRIVE  
PANAMA CITY, FL 32405

**New Mailing Address:**

PO BOX 16477  
PANAMA CITY, FL 32406 US

**FEI Number:** 37-1558924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENNETH, STEWART R C.P.A.  
626 LUVERNE AVENUE  
PANAMA CITY, FL 32402 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: ELMESKY, MEDHAT MR.  
Address: 3317 JENKS AVENUE  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: S  
Name: ABOULELA, AYMAN DR.  
Address: 2415 PARKWOOD DRIVE  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: T  
Name: SHAABAN, ALY DR.  
Address: 1805 EAST 12TH STREET  
City-St-Zip: LYNN HAVEN, FL 32444 US

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:** ALY H SHAABAN

T

02/14/2010

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

\_\_\_\_\_  
Date