

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # N09615 (8)

1. Corporation Name

ISLAMIC COMMUNITY SCHOOL, INC.



Principal Place of Business

Mailing Address

% DR AHMED ELKADI
700 TRANSMITTER RD #110
PANAMA CITY FL 32401
US

% DR AHMED ELKADI
700 TRANSMITTER RD #110
PANAMA CITY FL 32401
US

2. Principal Place of Business

21 None

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 127 Jenks Circle

27 Suite, Apt. #, etc.

28 City & State

29 Panama City, FL

30 Zip

31 Country

32 BAY

3. Date Incorporated or Qualified
06/04/1985

3a. Date of Last Report
04/05/1995

4. FEI Number

59-2647053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELKADI, AHMED
700 TRANSMITTER RD
PANAMA CITY FL 32401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

127 Jenks Circle

83

84 City

Panama City

FL

85 Zip Code
32405

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MUBARAK, HASHEM	
STREET ADDRESS	3317 HARBOUR PLACE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, ARTHUR	
STREET ADDRESS	112 CHRISTIE LANE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELKADI, AHMED	
STREET ADDRESS	127 JENKS AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUBARAK, JUMANAH	
STREET ADDRESS	3137 E ORLANDO DR	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAZIHA, AMMAR	
STREET ADDRESS	6712 ENZOR ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILAL, AGIEL	
STREET ADDRESS	908 KEVIN CT	
CITY-ST-ZIP	PANAMA CITY FL	

1.1 TITLE	P/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHAABAN, Aly H.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHAABAN, Aly H.	
4.3 STREET ADDRESS	3205 Wood Valley road	
4.4 CITY-ST-ZIP	Panama City, FL 32405	
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ELKADI, Iman	
5.3 STREET ADDRESS	127 Jenks circle	
5.4 CITY-ST-ZIP	Panama City, FL 32405	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BILAL, Agieb	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ahmed Elkadi

4-29-96

(904) 747-0715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)