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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**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**127 JENKS CIR**
PANAMA CITY FL 32405-4318
US

2. Principal Place of Business

2a. Mailing Address

21 127 Jenks Circle**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Panama City, FL**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24 32405**25****USA****29****30**

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)**83 127 Jenks Circle****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 **Ahmed Elkadi, Registered Agent**

2-01-97

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** ☐ DELETE
NAME **SHAABAN, ALY H**
STREET ADDRESS **3205 WOOD VALLEY RD**
CITY - ST - ZIP **PANAMA CITY FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE **SD** ☐ DELETE
NAME **ELKADI, IMAN**
STREET ADDRESS **127 JENKS CIR**
CITY - ST - ZIP **PANAMA CITY FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **TD** ☐ DELETE
NAME **ELKADI, AHMED**
STREET ADDRESS **127 JENKS AVE**
CITY - ST - ZIP **PANAMA CITY FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **127 Jenks Circle**
3.4 CITY - ST - ZIPTITLE **D** ☐ DELETE
NAME **BILAL, AGIEB**
STREET ADDRESS **908 KEVIN CT**
CITY - ST - ZIP **PANAMA CITY FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **Iman Elkadi, (Sec)** of Board

2-01-97

(904) 747-0715

CR2E037 (9/96)