NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N09615

1. Corporation Name

ISLAMIC COMMUNITY SCHOOL, INC.

Principal Place of Business 127 JENKS CIRCLE PANAMA CITY FL 32405

Mailing Address

127 JENKS CIR PANAMA CITY FL 32405

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90163 023 ****61.25



2. Principal Pl	ace of Business	2a. Mailing Add	2a. Mailing Address					orated or Qualife	d			
21		26	26				06/04/19	85				
Suite, Apt. #, etc.		Suite, Apt. a	Suite, Apt. #, etc.			4.	FEI Number				lied For	
22		27					59-264 70	<u> </u>			Applicable	
City & State	•	City & State	City & State				Certifcate of	Status Desired		\$8.75 A		
23		28							Fee Rec			
Zip	Country	Zip		Country		6.		mpaign Financing	, 🗆	\$5.00	•	
4 25 29			30	30			Trust Fund	Contribution Address of New	Panietaran	Added to	rees	
	9. Name and Address of Curren	t Registered Agent		81	Name	10.	realine and	Addless of New	Vediareian	- Agoin		
ELKADI, AHMED					82 Street Address (P.O. Box Number is Not Acceptable)							
127 JENKS CIRCLE					<u></u>							
PANAMA CITY FL 32405							_					
				84	City				FI	85 Zip C	Code	
44 5	4- M	2 and 617 1509 Ela	rida Statutos th	a above		corporation	n submits this	s statement for th			registered	
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 a	m familiar with, and accept the obligat	tions of, Section 617	'.0503, Florida :	Statutes	•							
SIGNATURE	Signature, typed or printed name of registered agen	t and fills if applicable	(NOTE: Page	sterert Aner	it signatura n	equired when	reinstating)		DATE			
12.	OFFICERS AN			13.	it o-gridion o			CHANGES TO C	FFICERS A	ND DIRECTO	RS IN 12	
TILE	PD		DELETE	1.1 TITLE						☐ Change	Addition	
NAME	SHAABAN, ALY H		1	1.2 NAME	Ì							
STREET ADDRESS				1.3 STREET	ADDRESS							
CITY-ST-ZIP	PANAMA CITY FL		i.	1.4 CITY-S	r-zip							
TITLE	SD		DELETE	2.1 TITLE						☐ Change	☐ Addition	
NAME	ELKADI, IMAN			2.2 NAME								
STREET ADDRESS	127 JENKS CIR		L :	2.3 STREE	T ADDRESS			•			}	
CITY-ST-ZIP	PANAMA CITY FL			2. 4 CITY-5	ST-ZIP							
TITLE				3.1 TITLE						Change	Addition	
NAME	ELKADI, AHMED			3.2 NAME								
STREET ADDRESS	127 JENKS CIRCLE			3.3 STREE	T ADDRESS							
CITY-ST-ZIP	PANAMA CITY FL			3.4. CITY+5	T-ZIP							
TITLE			DELETE	4.1 TITLE						Change	☐ Addition	
NAME				4. 2 NAME							İ	
STREET ADDRESS			Į.	4.3 STREE	T ADDRESS						ļ	
CITY-ST-ZIP				4.4 CITY-S	T-ZIP						- Addition	
IIILE				5.1 TITLE						☐ Change	☐ Addition	
NAME			1	5.2 NAME								
STREET ADDRESS			1		TADDRESS							
.CITY-ST-ZIP				5.4 CITY-S	T-ZIP					Chance	Addition	
TITLE		Ц		6.1 TITLE						Change	C 740010001	
NAME				6.2 NAME							į	
STREET ADDRESS					TADDRESS							
CITY-ST-73P				6.4 CITY-S	T-ZIP							

14. I 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 suppliemental 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, with all other like empowered.

SIGNATURE: