

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11807

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** THE ISLAMIC CENTER OF DAYTONA BEACH, INC.

**Current Principal Place of Business:**

347 S KEECH ST  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

347 S KEECH ST  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

**FEI Number:** 59-2435588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GILL, ERIC V ESQ  
4393 RIDGEWOOD AVENUE  
PORT ORANGE, FL 32019 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: T ( ) Delete  
Name: ISA, MUSTAFA  
Address: 222 N. BRIGHTON DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: ISLAMI, FERIS  
Address: 4119 TREDWAY RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: MCGEE, ROY  
Address: 940 OLD MILL RUN  
City-St-Zip: ORMOND BCH, FL 32174

Title: P ( ) Delete  
Name: SULEIMAN, SAUD EL-SAYD  
Address: 1712 BORDEAUX CT  
City-St-Zip: PORT ORANGE, FL 32128

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SABOUNGI, MAHMOUD  
Address: 648 RIVERSIDE DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D (X) Change ( ) Addition  
Name: RESHEIDAT, KHALID  
Address: 316 EAGLES EYE COURT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: MUSTAFA ISA

T

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date