

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16271

FILED
Mar 15, 2007
Secretary of State

Entity Name: ISLAMIC SOCIETY OF BREVARD COUNTY, INC.

Current Principal Place of Business:

550 EAST FLORIDA AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

550 EAST FLORIDA AVENUE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2738286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELHADY, ELSAYED M
1517 FLAG DR NE
PALM BAY, FL 32905 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: PD () Delete
Name: ELHADY, ELSAYED
Address: 1517 FLAG DR NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: SHAIKH, MUZAFER
Address: 409 CRYSTAL LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: ALI, SHAWKY
Address: 151 EBER RD #408
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ELHADY ELSAYED

D

03/15/2007

Electronic Signature of Signing Officer or Director

Date