

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90241 005 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                     |                                                                                                                                  |                                                                       |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N16271</b><br>1. Entity Name<br><b>ISLAMIC SOCIETY OF BREVARD COUNTY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                     |                                                                                                                                  |                                                                       |                                                                              |
| Principal Place of Business<br><b>550 EAST FLORIDA AVENUE<br/>MELBOURNE FL 32901</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                     | Mailing Address<br><b>550 EAST FLORIDA AVENUE<br/>MELBOURNE FL 32901</b>                                                         |                                                                       |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                                                                                  |                                                                       |                                                                              |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   | City & State<br>Zip Country                                                         |                                                                                                                                  |                                                                       |                                                                              |
| 4. FEI Number<br><b>59-2738286</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                     |                                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                                                     |                                                                                                                                  | <b>\$8.75 Additional Fee Required</b>                                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>ELHADY, ELSAYED M<br/>1517 FLAG DR NE<br/>PAL BAY FL 32905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                       |                                                                              |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u>Sabir Ali</u> DATE <u>6/3/08</u><br><small>Signature, typed or printed name of registered agent and title if corporate. (NOTE: Registered Agent signature and contact information required)</small>                                                                                                                                                                                            |                                                                   |                                                                                     |                                                                                                                                  |                                                                       |                                                                              |
| <b>FILE NOW FEE IS \$61.25</b><br><b>Due By May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                  | <b>\$5.00 May Be Added to Fees</b>                                    |                                                                              |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                     |                                                                                                                                  |                                                                       |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                     |                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>ELHADY, ELSAYED<br>1517 FLAG DR NE<br>PALM BAY FL 32905     | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | SABIR ALI<br>809 CHAMPION DR NE<br>PALM BAY FL 32905                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>SHAIKH, MUZAHER<br>409 CRYSTAL LAKE DR<br>MELBOURNE FL 32940 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | MOHAMMAD IDREES<br>1454 BELAIRE LANE<br>PALM BAY FL 32905             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>ALI, SHAWKY<br>151 EBER RD #408<br>MELBOURNE FL 32901        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | MARVIN ABRAHAM HAGAN<br>3016 SAVANNAH WAY # 207<br>MELBOURNE FL 32935 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 |                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 |                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 |                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                   |                                                                                     |                                                                                                                                  |                                                                       |                                                                              |
| SIGNATURE: <u>Sabir Ali</u> DATE <u>6/3/08</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                                     |                                                                                                                                  |                                                                       |                                                                              |