

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38116

FILED
Apr 30, 2009
Secretary of State

Entity Name: MUSLIM WELFARE ASSOCIATION OF GREATER ORLANDO, INC.

Current Principal Place of Business:

11543 RUBY LAKE RD
ORLANDO, FL 32836 US

New Principal Place of Business:

Current Mailing Address:

11543 RUBY LAKE RD
ORLANDO, FL 32836 US

New Mailing Address:

FEI Number: 59-2859564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAZACK, MOHAMED
11543 RUBY LAKE ROAD
ORLANDO, FL 32836 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: RAZACK, MOHAMED DR
Address: 9568 WICKHAM WAY
City-St-Zip: ORLANDO, FL 32836

Title: VP () Delete
Name: DIN, SALAH U DR
Address: 10933 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: KHAN, NURULLAH
Address: 7543 INTERNATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: ISLAM, SIRAJ UL DR
Address: 2417 NORTH CENTRAL AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: MAMSA, IMBRAHIM DR
Address: 11552 RUBY LAKE ROAD
City-St-Zip: ORLANDO, FL 32836

Title: S () Delete
Name: ABASS, HAROON
Address: 8112 SANDBERRY BLVD.
City-St-Zip: ORLANDO, FL 32819

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:

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 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: MOHAMED RAZACK

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date