1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N42885

1. Corporation Name

MUSLIM ACADEMY OF CENTRAL FLORIDA, INC.

ALTAMONTE SPRNGS FL 32701

LATIF, MOHAMMAD A.

111 VARIETY TREE CIR.

KASU, ABDUL L

8008 COTE CT

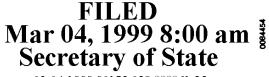
ORLANDO FL

ALTAMONTE SPRNGS FL

Principal Place of Busines
1005 N GOLDENROD RD
ORLANDO FL 32807
US

Mailing Address

1005 N GOLDERNROD ROAD ORLANDO FL 32807



03-04-1999 90172 028 \*\*\*\*61.25

Principal Place of Business     2a. Mailing Address     21					3. Date Incorporated or Qualifed 04/05/1991								
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					4. FEI Number 59-3080892	Applied For Not Applicable							
	City & State City & State				5. Certificate of Status Desired	\$8.75 Additional Fee Required							
Zip	Country 25	Zip 29 30	Country		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees							
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent									
			81	Name									
QADRI, SYED MUJEEB 661 E ALTAMONTE DRIVE #213				82 Street Address (P.O. Box Number is Not Acceptable)  83									
							ALTANONITE CODINGS EL 00704						Test en e
							ALTAMONTE SPRINGS FL 32701				City		FL 85 Zip Code
office o	int to the provisions of Sections 617.05 or registered agent, or both, in the Stat I am familiar with, and accept the obliq	e of Florida. Such change was auth	orized by	the corporati	poration submits this statement for the purpoon's board of directors. I hereby accept the	ose of changing its registered							
SIGNATUR						DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable. (NOTE: Registered Agent and title if applicable.)  12. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICE								
12.	OFFICERS AND BIRESTONS				ADDITIONS/CITANGES TO CITTOE	Change Addition							
TITLE	D OADDI OVED MILIEED	☐ DELETE	1.1 TITLE 1.2 NAME			□ onlinge □ Addition							
NAME													
STREET ADDRESS 661 E ALTAMONTE DRIVE #213			1.3 STREET	TADDRESS									

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

☐ DELETE

DELETE

Addition Change DELETE 4.1 TITLE TITLE CHARANI, AMMAR 4.2 NAME NAME. 7842 PINE CROSSING CIR 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

CITY-ST-ZIP 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 supplemental 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNAT

1-25-99

407-876-3860

☐ Change

Change

☐ Addition

☐ Addition