

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42885

**FILED**  
**Mar 17, 2004**  
**Secretary of State****Entity Name:** MUSLIM ACADEMY OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**1021 N GOLDENROD RD  
ORLANDO, FL 32807 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 2209  
GOLDENROD, FL 32733 US**New Mailing Address:****FEI Number:** 59-3080892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MUSRI, MUHAMMAD  
1089 N GOLDENROD RD  
ORLANDO, FL 32807**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: PCD ( ) Delete  
Name: MUSRI, MUHAMMAD  
Address: 1089 N GOLDENROD ROAD  
City-St-Zip: ORLANDO, FL 32807

Title: SD ( ) Delete  
Name: KASU, ABDULATIF  
Address: 8008 COTE CT  
City-St-Zip: ORLANDO, FL 32836

Title: TD ( ) Delete  
Name: MANSORI, ZUBAIR  
Address: 863 CYNTHIANNA CIR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: ASSIM, AMENA  
Address: 2951 LAGOON COVE  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: LOTT, LAURINDA  
Address: 14415 STAMFORD CR  
City-St-Zip: ORLANDO, FL 32826

Title: D ( ) Delete  
Name: GIBBS, W. ERNEST  
Address: 3378 HILLMONT CIR  
City-St-Zip: ORLANDO, FL 32817

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

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

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

Title: TD (X) Change ( ) Addition  
Name: GIBBS, W. ERNEST  
Address: 3378 HILLMONT CIR  
City-St-Zip: ORLANDO, FL 32817

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

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

Title: D (X) Change ( ) Addition  
Name: ZAMAN, MOHAMMED  
Address: 412 BARCLAY CT.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MUHAMMAD MUSRI

PD

03/17/2004

Electronic Signature of Signing Officer or Director

Date