

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42885

FILED
Mar 07, 2005
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 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: 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: GIBBS, W. ERNEST
Address: 3378 HILLMONT CIR
City-St-Zip: ORLANDO, FL 32817

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: ZAMAN, MOHAMMED
Address: 412 BARCLAY CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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:

Title: D (X) Change () Addition
Name: ZAMAN, AHMADI
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

PRES

03/07/2005

Electronic Signature of Signing Officer or Director

Date