

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:38

DOCUMENT # **N50370** (8)

1. Corporation Name

ISLAMIC MOVEMENT OF FLORIDA, INC.

Principal Place of Business

Mailing Address

8841 SW 9TH CT
PEMBROKE PINES FL 33025

8841 SW 9TH CT
PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/10/1992** 3a. Date of Last Report **03/11/1994**

4. FEI Number **65-0362777** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **6861 W. Edgewood Ave.**

26 **6861 W. Edgewood Ave.**

Suits, Apt. #, etc.

Suits, Apt. #, etc.

22

27

City & State

City & State

23 **Davie, Florida**

28 **Davie, Florida**

Zip

Country

Zip

Country

24 **33331**

25 **U.S.A.**

29 **33331**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSAD, AFZAL
8841 SW 9TH CT
PEMBROKE PINES FL 33025

81 Name **ALI, NUR**
82 Street Address (P.O. Box Number is Not Acceptable) **6861 W. EDGEWOOD AVENUE**
83
84 City **DAVIE** FL 85 Zip Code **33331**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Nur Ali*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D**
NAME **KHAN, MOONEER**
STREET ADDRESS **20214 N.W. 22 COURT**
CITY, ST, ZIP **MIAMI FL 33056**

11 TITLE **P/D** Change Addition
12 NAME **MOHAMED, MOIEN**
13 STREET ADDRESS **6321 S.W. 20 TH STREET**
14 CITY, ST, ZIP **MIRAMAR, FL 33023**

TITLE **D**
NAME **SAYEED, KARIM**
STREET ADDRESS **8041 MANCHESTER LANE**
CITY, ST, ZIP **DAVIE FL 33331**

21 TITLE **D** Change Addition
22 NAME **KHAN, MOONEER**
23 STREET ADDRESS **20214 N.W. 22 COURT**
24 CITY, ST, ZIP **MIAMI FL 33056**

TITLE **D**
NAME **NUR, ALI**
STREET ADDRESS **6861 W. EDGEWOOD AVE**
CITY, ST, ZIP **DAVIE FL 33331**

31 TITLE **D** Change Addition
32 NAME **ALI, NUR**
33 STREET ADDRESS **6861 W. EDGEWOOD AVENUE**
34 CITY, ST, ZIP **DAVIE, FL 33331**

TITLE **D**
NAME **ASSAD, AFAZAL**
STREET ADDRESS **8841 SW 9 COURT**
CITY, ST, ZIP **PEMBROKE PINES FL 33025**

41 TITLE **D** Change Addition
42 NAME **HASSAN, NAZEER**
43 STREET ADDRESS **5241 SAXON CIRCLE W.**
44 CITY, ST, ZIP **FORT LAUDERDALE FL33331**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nur Ali* **NUR ALI** 3-27-95 (305)680-9581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Filing #