

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 26 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N50513 (3)**

1. Corporation Name

**ISLAMIC ACADEMY OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

**5910 E 130TH AVE  
TAMPA FL 33617**

**5910 E 130TH AVE  
TAMPA FL 33617**

3. Date Incorporated or Qualified

**08/24/1992**

3a. Date of Last Report

**08/08/1995**

2. Principal Place of Business

2a. Mailing Address

**21 5910 E 130th Ave.**

**26 5910 E 130th Ave.**

4. FEI Number

**59-3236474**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FL**

City & State

**FL**

Zip

**33617**

Country

**Hillsborough**

Zip

**33617**

Country

**Hillsborough**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AL-ARIAN, SAMI A.  
5207 E 127TH AVE  
TAMPA FL 33617**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Sami A. Al-Arian*

*Sami A. Al-Arian, Chairman*

*4/10/96*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	AL-ARIAN, SAMI A	
STREET ADDRESS	5207 E. 127TH AVE.	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAID, KAYED	
STREET ADDRESS	<del>10803 N. 58 ST.</del> <i>4583 Kirkman Rd #1</i>	
CITY - ST - ZIP	<del>TAMPA FL 33617</del> <i>Orlando, FL 32811</i>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAJJAR, MAZEN	
STREET ADDRESS	5620 E. FOWLER AVE., #3	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSTUFA ALVI	
STREET ADDRESS	<del>5000 E. 130TH AVE.</del> <i>24319 TwinLakes Dr.</i>	
CITY - ST - ZIP	<del>TAMPA FL 33617</del> <i>Land O' Lakes, FL 34639</i>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUDIADDINE SAND	
STREET ADDRESS	<del>19717 US HWY 41 N.</del> <i>4518 Sweetwater Lake Dr.</i>	
CITY - ST - ZIP	<del>LUTZ FL 33549</del> <i>Tampa, FL 33613</i>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICK MITWALLI	
STREET ADDRESS	14034 ESMERE ST.	
CITY - ST - ZIP	TAMPA FL 33624	

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>D Sylla, Cheikh</i>	
1.3 STREET ADDRESS	<i>500 Severn Ave.</i>	
1.4 CITY - ST - ZIP	<i>Tampa, FL 33616</i>	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>D Refaie, Anwar</i>	
2.3 STREET ADDRESS	<i>15115 Nature Walk Dr.</i>	
2.4 CITY - ST - ZIP	<i>Tampa, FL 33624</i>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sami A. Al-Arian*

*Sami A. Al-Arian*

*4/10/96*

*(813)987-9282*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)