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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50513

(3)

ISLAMIC ACADEMY OF FLORIDA, INC.

Principal Place	e of Business		Mailing Address				\					
5910 E 130TH AVE TAMPA FL 33617 US		5910 E. 130TH AVE TAMPA FL 33617-1355 US										
							3. Date 0	Incorporated or C 8/24/1992	Qualified	3a. Da	te of Last 04/26/19	Report 1 96
2. Principal Place of Business			2a. Mailing Address			4. FEI N		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		I	pplied For	
21			26			5	59-3236474				ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, 6	etc.		***************************************	5. Certif	icate of Status De	esired	K		Additional leguired
City & State	e e		City & State				P Flori	on Compolen Fin				
-	•		28				•	on Campaign Fin Fund Contribution	_			May Be to Fees
23 Z ₁ p	Co	untry	Zip		Country			corporation has lis				
24	25		29	30				a Statutes		Yes [-	b. 199.U32,
		dress of Current	Registered Agent	190	<u> </u>			e and Address o				
······································					81	Name						
41 404												
AL-ARIAN, SAMI A.				82 Stre		reet Address (P.O. Box Number is Not Acceptable)						
	127TH AVE				63							
TAMPA I	FL 33617				"							
					84	City			,	#= A	85 Zip	Code
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL		
11. Pursuant	to the provisions of a	Sections 617.0502	and 617.1508, Florida	a Statutes, t	the above	9-named c	corporation subs	nits this statemen	nt for the p	ourpose of	changing	its registered
agent La	im familiar with and	accept the obligat	of Florida. Such chang tions of, Section 617.0	15/13 Florida	Statutes	we corpu	ordion a board	or anoctors. There	on acce	brane app	OTHER DOTE OF	u regionec
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SIGNATURE .	Signature, typed or printed	name of registered egen	t and title if applicable.		gistered Age		equired when reinstati	ing)	·····	DATE	<u></u>	
	Signature, typed or printed		and title if applicable.	(NOTE: Re	gistered Age		ADDIT		·····	DATE	DIRECTO	
SIGNATURE	Signature, typed or printed	name of registered agen OFFICERS AND	t and title if applicable.	(NOTE: Re	gistered Age		ADDIT	ing) IONS/CHANGES	·····	DATE	<u></u>	
SIGNATURE	Signature, typed or printed	name of registered agen OFFICERS AND	and title if applicable.	(NOTE: Re	gistered Age		ADDIT	ng) IONS/CHANGES Ch Syllo	TO OFFIC	DATE DERS AND	DIRECTO	
SIGNATURE . 12. TITLE	Signature, typed or printed	name of registered agen OFFICERS AND	and title if applicable.	(NOTE: Re	gistered Age 13.	ent eignature re	ADDIT	ng) IONS/CHANGES Ch Syllo	TO OFFIC	DATE DERS AND	DIRECTO	
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SIGNATURE 12. TITLE NAME STREET ADDRESS	D AL-ARIAN, SAN 5207 E. 127TH	name of registered agen OFFICERS AND II A AVE.	and title if applicable.	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	ADDIT D Cheik 500 Tamp	no) IONS/CHANGES Ch Syllo Severn	TO OFFIC	DATE CERS AND	DIRECTO	Addition
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I am an officer or director of the corporation or the receiver or rustee 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

DIATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTO

4/30/97

(8/3) 987-92 Defrime Phone # 0048390

FILED

May 21 1997 8:00am

Secretary of State