

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
 05-30-2000 90036 037 ****70.00

DOCUMENT # *N 50513* ✓
 1. Entity Name
Islamic Academy of Florida, Inc.
(NON-PROFIT ORGANIZATION)

Principal Place of Business Mailing Address
5910 E. 130th Ave *5910 E. 130th Ave.*
Tampa, FL 33617 *Tampa, FL 33617*

659564

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country
Tampa, FL *USA.*
33617

4. FEI Number Applied For
59-3236474 No: Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Sami A. Al-Arian
5207 E. 127th Ave.
Tampa, FL 33617 USA

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	Noor Salhab	12402 Pampas Place	Tampa, FL 33617	<input checked="" type="checkbox"/>
D	ANWAR REFAIE	15115 Nature Walk Dr.	Tampa, FL 33624	<input type="checkbox"/>
D	Anwar Hasan	6103 Rain Hollow Ct.	Tampa, FL 33617	<input checked="" type="checkbox"/>
D	Nabeel Sawalha	5108 Arbor Pointe Circle #905	Tampa, FL 33617	<input checked="" type="checkbox"/>
D	Mekal Haneef	1075 59th Ave. S.	St. Pete, FL 33705	<input checked="" type="checkbox"/>
D	Al-Arian, Sami A	5207 E. 127th Ave	Tampa, FL 33617	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	SAID, KAYED	3910 6th St. S.	St. Petersburg, FL 33705	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Abdelmaged, Ahmed	1505 N. Ft. Harrison St.	Clearwater, FL 33755	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Cheikh Sylla	615 Luzon Ave.	Tampa, FL 33625	<input type="checkbox"/>	<input type="checkbox"/>
D	Principal Bilal, Agieb	5903 E. 130th Ave.	TAMPA, FL 33617	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Alahmady, Kaiss	8222 Island Breeze Lane	Tampa, FL 33647	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Sameed Hammoudeh	12778 N. 57th St.	Tampa, FL 33617	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John P. O'Keefe* John P. O'Keefe 4/27/2000 813-987-9282 x106
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50513

Attach 659564

1. Entity Name
Islamic Academy of Florida, Inc.

Principal Place of Business _____ Mailing Address _____

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number _____ Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME <i>D Muhieddine Saad</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>4518 Sweetwater Lake Drive</i>	
CITY-ST-ZIP <i>Tampa, FL 33613</i>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME <i>D/ Director of Development</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <i>John O'Keeffe</i>	
CITY-ST-ZIP <i>2858 A Americana Circle</i>	
TITLE NAME <i>D Rick Mitwalli</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>14034 Ellesmere St.</i>	
CITY-ST-ZIP <i>Tampa, FL 33617</i>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OC #N50513

Attach 659564

Board of Directors for Islamic Academy of Florida

For School Year 1999 to 2000

FirstName	LastName	Street Address	City	State	Zip Code	Position
Abu Iyad	Said	3910 6th Street South	St. Petersburg	FL	33705-	D
Agieb	Bilal	5903 E. 130th Ave.	Tampa	FL	33617-	Principal
Ahmed	Abdelmaged	1505 N.Ft. Harrison St.	Clearwater	FL	33755-	D
Anwar	Rifaie	15115 Nature Walk Drive	Tampa	FL	33624-2340	D
Cheikh	Sylla	615 Luzon Ave.	Tampa	FL	33625-	Vice-Chairman
John	O'Keeffe	2858 A Americana Circle	Tampa	FL	33613-	Director of Development
Kaiss	Alahmady	8222 Island Breeze Lane	Tampa	FL	33647-	Secretary
Muhieddine	Saad	4518 Sweetwater Lake Drive	Tampa	FL	33613-	D
Rick	Mitwalli	14034 Ellesmere Street	Tampa	FL	33634-	D
Sameeh	Hammoudeh	12778 North 57th Street	Tampa	FL	33617-	Vice-Principal
Sami	Al-Arian	5207 East 127th Ave.	Tampa	FL	33617-	Chairman
Zuhair	Rifaie	15106 Alexis Drive	Tampa	FL	33624-	Treasurer