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 JUN 28 AM 9:00

DOCUMENT # N51208 (9)

1. Corporation Name
THE CENTER FOR ISLAMIC & CULTURAL AWARENESS, INC

Principal Place of Business	Mailing Address
18682 TANGERINE RD FT MYERS FL 33912 US	PO BOX 1255 FT MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1992
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0366711 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MUHAMMAD, ABDUL 'HAQ
18682 TANGERINE RD
FT MYERS FL 33912

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SAHKOOR, RASHIDA (99)	12 NAME	
STREET ADDRESS	32 CASTLEBAR CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	THABIT, SHAREEF	22 NAME	
STREET ADDRESS	123 UTANA AVE	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MUHAMMAD, ABDUL'HAQ	32 NAME	
STREET ADDRESS	18682 TANGERINE RD	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE S	☐ Change ☐ Addition
NAME	SHOUP, REBECCA 94	42 NAME No Tasha Jenkins Adm	
STREET ADDRESS	3744 CENTERAL AVE #208	43 STREET ADDRESS 124 Oakside St	
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP Lehigh Acres, FL 33936	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, AGNES	52 NAME	
STREET ADDRESS	1378 NUNA AVE	53 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JENKINS, RON	62 NAME	
STREET ADDRESS	1114 GERALD AVE	63 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	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 119.07(3)(i), 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: A Abdul'Haq Muhammad Director 4-16-95 (813) 334-2797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050007