2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006
Secretary of State

DOCUMENT# N51278

Entity Name: ISLAMIC ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1056 SW 1ST AVE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P O BOX 6933
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-3147713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, LARRY
606 SW 3RD AVE
OCALA, FL 32671 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLLINS, LARRY
Address: 1301 NE 14TH ST
City-St-Zip: OCALA, FL

Title: T ( ) Delete
Name: MASTERS, TRACY
Address: 936 BICHARN BLVD.
City-St-Zip: LADY LAKE, FL 32159

Title: D ( ) Delete
Name: KAMAL, MUHAMMAD
Address: 4589 NE 2ND ST
City-St-Zip: OCALA, FL

Title: D ( ) Delete
Name: JABER, AYMAN
Address: 2600 S.W. 10TH STREET APT#1103
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: FAKHOURY, RIADH
Address: P O BOX 4428 NA
City-St-Zip: OCALA, FL

Title: D ( ) Delete
Name: KHAN, TWAHIR
Address: 13003 S.E. 92ND COURT RD.
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FAKHOURY, RIADH
Address: P O BOX 4428 NA
City-St-Zip: OCALA, FL 34478

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RIADH FAKHOURY DR. 02/23/2006

Electronic Signature of Signing Officer or Director — Date