

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51278

FILED  
Apr 23, 2008  
Secretary of State

**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:**

P O BOX 6933  
OCALA, FL 34478 US

**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 34478

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

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

I hereby certify that the information supplied with this filing does not qualify 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.

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date