

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51278

FILED
May 09, 2011
Secretary of State

Entity Name: ISLAMIC ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1410 NE 14TH ST
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6933
OCALA, FL 34478 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
4326 NE COUNTY HWY 329
ANTHONY, FL 32617 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
Name: COLLINS, LARRY
Address: 4326 NE COUNTY HWY 329
City-St-Zip: ANTHONY, FL 32617 US

Title: D
Name: JABER, AYMAN
Address: 4730 SW 108TH PLACE
City-St-Zip: OCALA, FL 34476 US

Title: D
Name: NEEBLING, DON
Address: 6331 SE ROBINSON RD
City-St-Zip: BELLEVIEW, FL 34420 US

Title: D
Name: EL MALLAH, MOHAMMED
Address: 4900 SW 46TH CRT APT 803
City-St-Zip: OCALA, FL 34474 US

Title: D
Name: FAKHOURY, RIADH
Address: P O BOX 4428 NA
City-St-Zip: OCALA, FL 34478 US

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

I hereby 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 all other like empowered.

SIGNATURE: NAZIM KHAN

TREA

05/09/2011

Electronic Signature of Signing Officer or Director

Date