

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001326

Entity Name: ISLAMIC CENTER, INC.

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

1770 STATE RD 207  
ST AUGUSTINE, FL 32085

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1779  
ST. AUGUSTINE, FL 32085 US

## New Mailing Address:

FEI Number: 59-3215251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNIO, ASSAD  
5 LINDA MAR DRIVE  
ST AUGUSTINE, FL 32086 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: P/D ( ) Delete  
Name: KNIO, ASSAD  
Address: 5 LINDA MAR DR.  
City-St-Zip: ST AUGUSTINE, FL

Title: VP ( ) Delete  
Name: FILAT, YOUSSEF  
Address: 1770 STATE RD 207  
City-St-Zip: ST AUGUSTINE, FL 32085

Title: T ( ) Delete  
Name: ALI, DR. SYED  
Address: 1770 STATE RD 207  
City-St-Zip: ST AUGUSTINE, FL 32085

Title: AT ( ) Delete  
Name: VALENTINE, GARY  
Address: 1770 STATE RD 207  
City-St-Zip: ST AUGUSTINE, FL 32085

Title: S ( ) Delete  
Name: SALAAM, MOHAMED  
Address: 1770 STATE RD 207  
City-St-Zip: ST AUGUSTINE, FL 32085

Title: AS ( ) Delete  
Name: MALIK, MUDASSAR  
Address: 1770 STATE RD 207  
City-St-Zip: ST AUGUSTINE, FL 32085

## 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: ASAD KNIO

P/D

01/12/2009

Electronic Signature of Signing Officer or Director

Date