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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003212 (6)**

1. Corporation Name
**ISLAMIC CENTER OF OSCEOLA COUNTY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 715 OAK COMMONS BLVD<br>KISSIMMEE FL 34741 | 715 OAK COMMONS BLVD<br>KISSIMMEE FL 34741 |

3. Date Incorporated or Qualified: 07/07/1995

4. FEI Number: 59-3335319 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business
21 2417 N. CENTRAL AVE.
22 Suite, Apt. #, etc.
23 City & State: KISSIMMEE, FL
24 Zip: 34741 25 Country

2a. Mailing Address
26 2417 N. CENTRAL AVE.
27 Suite, Apt. #, etc.
28 City & State: KISSIMMEE FL
29 Zip: 34741 30 Country

9. Name and Address of Current Registered Agent

WAKEFIELD, S. CRAIG
1400 W OAK STREET
SUITE A
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

| | | |
|---|---|---|
| TITLE | D | ☐ DELETE |
| NAME | THAKUR, MURAD K | |
| STREET ADDRESS | 5480 CURRYFORD RD | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | D | ☐ DELETE |
| NAME | SAID, ABDULLAH | |
| STREET ADDRESS | 3007 PEMBROOK DR | |
| CITY-ST-ZIP | ORLANDO FL 32810 | |
| TITLE | D | ☐ DELETE |
| NAME | ISLAM, M. SIRAJ UL | |
| STREET ADDRESS | 715 OAK COMMONS BLVD | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | |
| TITLE | D | ☐ DELETE |
| NAME | BHANDGA, ABDUL J | |
| STREET ADDRESS | 11736 REED CREEK DR APT 202 | |
| CITY-ST-ZIP | ORLANDO FL 32836 | |
| TITLE | D | ☐ DELETE |
| NAME | AZIZ, ABDUL | |
| STREET ADDRESS | 11940 REEDY CREEK DR APT 306 | |
| CITY-ST-ZIP | ORLANDO FL 32836 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
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| REET ADDRESS | | |
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CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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:** M. Siraj Dolan UP QUID 3/10/98 407 944 4853
Date Daytime Phone #