FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90070 026 *****61.25

DOCUMENT # N95000003212

1. Corporation Name

ISLAMIC CENTER OF OSCEOLA COUNTY, INC.

Principal Place of Business	Mailing Address
2417 N. CENTRAL AVENUE KISSIMMEE FL 34741 US	2417 N. CENTRAL AVENUE KISSIMMEE FL 34741 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/07/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3335319 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THAKUR, MURAD K		1.2 NAME	
STREET ADDRESS	5480 CURRYFORD RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAID, ABDULLAH		2.2 NAME	
STREET ADDRESS	3007 PEMBROOK DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ISLAM, M. SIRAJ UL		3.2 NAME	
STREET ADDRESS	715 OAK COMMONS BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BHANDGA, ABDUL J		4.2 NAME	
STREET ADDRESS	11736 REED CREEK DR APT 202		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32836		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	AZIZ, ABDUL		5.2 NAME	
STREET ADDRESS	11940 REEDY CREEK DR APT 306		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32836		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/8/99 4079444353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)