

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003212

FILED
Jul 08, 2005
Secretary of State

Entity Name: ISLAMIC CENTER OF OSCEOLA COUNTY, INC.

Current Principal Place of Business:

2417 N. CENTRAL AVENUE
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

2417 N. CENTRAL AVENUE
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 59-3335319 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UL ISLAM, M. SIRAS
715 OAK COMMONS BLVD
KISSIMMEE, FL 34741 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: THAKUR, MURAD K
Address: 5480 CURRYFORD RD
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: AHMED, NADEEM
Address: 6021 HARD ROCK CIR
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: ISLAM, M. SIRAJ UL
Address: 715 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: BHANDGA, ABDUL J
Address: 11736 REED CREEK DR APT 202
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: RAHMAN, ASHIQUR
Address: 2508 HIGHLAND AVENUE
City-St-Zip: KISSIMMEE, FL 34741

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ASHIQUR RAHMAN

D

07/08/2005

Electronic Signature of Signing Officer or Director

Date