



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90082 028 ****61.25

DOCUMENT # N95000003212		
1. Entity Name ISLAMIC CENTER OF OSCEOLA COUNTY, INC.		
Principal Place of Business 2417 N. CENTRAL AVENUE KISSIMMEE, FL 34741 US	Mailing Address 2417 N. CENTRAL AVENUE KISSIMMEE, FL 34741 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent UL ISLAM, M. SIRAS 715 OAK COMMONS BLVD KISSIMMEE, FL 34741		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THAKUR, MURAD K 5480 CURRYFORD RD ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AHMED, NADEEM 6021 HARD ROCK CIR ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISLAM, M. SIRAJ UL 715 OAK COMMONS BLVD KISSIMMEE, FL 34741	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BHANDGA, ABDUL J 11736 REED CREEK DR APT 202 ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAHMAN, ASHIQUR 2508 HIGHLAND AVENUE KISSIMMEE, FL 34741	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		5-4-06 407-944-4353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



05052006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3335319

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**