# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2005**
**Secretary of State**

DOCUMENT# N96000004767

**Entity Name:** ISLAMIC ACADEMY OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

11579 ALTA DR.
JACKSONVILLE, FL 32245

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16314
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number: 59-3401223** **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:**

MEHRAJUDEEN, KHAN
2718 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216 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: DP ( ) Delete
Name: KHAN, MEHRAJUDEEN
Address: 2718 SOUTHSIDE BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD ( ) Delete
Name: FAWAD, MASOORI
Address: 9635 BAYMEADOWS RD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD ( ) Delete
Name: KHATEEB, ALI
Address: 9635 BAYMEADOWS RD. #706
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD ( ) Delete
Name: MAHER, ALSAHSAH
Address: 1403-2 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

**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:

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: MEHRAJUDEEN KHAN DP 05/03/2005

Electronic Signature of Signing Officer or Director — Date