

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N96000005775 (9)**

1. Corporation Name

ISLAMIC CENTER OF NEW PORT RICHEY AREA, INC.

Principal Place of Business

**3739 ERIN BROOK DRIVE
NEW PORT RICHEY FL 34655**

Mailing Address

**3739 ERIN BROOK DRIVE
NEW PORT RICHEY FL 34655-2910**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1996		3a. Date of Last Report 25 OF 64 11-8-96	
21 5258 S.R. 54		28 5268 S.R. 54		4. FEI Number 59-3416394		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip 34652	Country PASCO	Zip 34652	Country PASCO				
24		29					

9. Name and Address of Current Registered Agent

**MODI, AYUB A
3739 ERIN BROOK DRIVE
NEW PORT RICHEY FL 34655**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHIM, A	1.2 NAME	
STREET ADDRESS	5749 WEST SHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAKI, KHAJA	2.2 NAME	
STREET ADDRESS	5041 WEST SHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODI, AYUB A	3.2 NAME	
STREET ADDRESS	3739 ERIN BROOK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADIWALA, M U	4.2 NAME	
STREET ADDRESS	1923 GULF VIEW DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZEEMUDDIN, BASHEER	5.2 NAME	
STREET ADDRESS	4348 PLAZA DRIVE #215	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, AEZAZ	6.2 NAME	
STREET ADDRESS	12010 PENZANCE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	6.4 CITY-ST-ZIP	

14. I do 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: *Ayub A. Modi* **AYUB A. MODI**

4/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0088139**

CR2E037 (9/96)