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04-21-1999 90194 001 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000005775

1. Corporation Name

ISLAMIC CENTER OF NEW PORT RICHEY AREA, INC.

Principal Place of Business

5258 SR 54
NEW PORT RICHEY FL 34652
US

Mailing Address

5268 SR 54
NEW PT RICHEY FL 34652
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date incorporated or Qualified

11/08/1996

4. FEI Number

59-3416394

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAHIM, A
STREET ADDRESS 5749 WEST SHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VTD
NAME ZAKI, KHAJA
STREET ADDRESS 5041 WEST SHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE SD
NAME MODI, AYUB A
STREET ADDRESS 3739 ERIN BROOK DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D
NAME KADIWALA, M U
STREET ADDRESS 1923 GULF VIEW DRIVE
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D
NAME AZEEMUDDIN, BASHEER
STREET ADDRESS 4348 PLAZA DRIVE #215
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D
NAME AHMED, AEZAZ
STREET ADDRESS 12010 PENZANCE LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 (AYUB MODI)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/1999 (727) 3762085

CR2E037 (11/98)