

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005775

FILED  
Jan 14, 2005  
Secretary of State

**Entity Name:** ISLAMIC CENTER OF NEW PORT RICHEY AREA, INC.

**Current Principal Place of Business:**

5258 STATE ROAD 54  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5258 STATE ROAD 54  
NEW PORT RICHEY, FL 346526049 US

**New Mailing Address:**

**FEI Number:** 59-3416394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAHIM, ABDUR  
5749 WEST SHORE DR.  
NEW PORT RICHEY, FL 34652 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: PD ( ) Delete  
Name: RAHIM, A  
Address: 5749 WEST SHORE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ST ( ) Delete  
Name: ZAKI, KHAJA  
Address: 5041 WEST SHORE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete  
Name: MODI, AYUB A  
Address: 1131 BIG CREEK DR.  
City-St-Zip: WESLBYP CHAPEL, FL 33543

Title: D ( ) Delete  
Name: KADIWALA, M U  
Address: 1923 GULF VIEW DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete  
Name: FARRUKH, ZAIDI  
Address: 8547 TRASHER CT  
City-St-Zip: NEW PORT RICHEY, FL 34690

Title: D ( ) Delete  
Name: AHMED, AEZAZ  
Address: 10393 FAIRCHILD ROAD  
City-St-Zip: SPRINGHILL, FL 34608

**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:

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: KADIWALA M.U.

D

01/14/2005

Electronic Signature of Signing Officer or Director

Date