

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005775

FILED
Apr 26, 2009
Secretary of State

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

Current Principal Place of Business:

4715 GRAND BLVD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

4715 GRAND BLVD
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 US

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

Title: SD () Delete
Name: MUGHNI, MOHAMMED S
Address: 7940 CALIDRA CT
City-St-Zip: NEWPORTRICHEY, FL 34655 US

Title: D () Delete
Name: VAHORA, PARVEEN
Address: 7333 ISLANDER LANE
City-St-Zip: HUDSON, FL 34667 US

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

Title: D () Delete
Name: SIAL, MASOOD
Address: 9700 RIVERCHASE DRIVE
City-St-Zip: NEWPORT RICHEY, FL 34655 US

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
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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 exemption stated 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 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: KHAJA ZAKI

D

04/26/2009

Electronic Signature of Signing Officer or Director

Date