

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003180

1. Entity Name
IMAMI FAMILY FOUNDATION, INC.



Principal Place of Business
**2118 AARON ST.
PT. CHARLOTTE, FL 33952**

Mailing Address
**2118 AARON ST.
PT. CHARLOTTE, FL 33952**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6249234

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EMERICH, GUY S
115 W. OLYMPIA AVE.
PUNTA GORDA, FL 33950**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	IMAMI, RIAZUL H
STREET ADDRESS	2118 AARON ST.
CITY-ST-ZIP	PT. CHARLOTTE, FL 33952
TITLE	D
NAME	IMAMI, AZRA R
STREET ADDRESS	2118 AARON ST.
CITY-ST-ZIP	PT. CHARLOTTE, FL 33952
TITLE	D
NAME	IMAMI, IRFAN R
STREET ADDRESS	3419 POSEIDON WAY
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/08-80003-009 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Riazul H. Imami (RIAZUL H. IMAMI)

01.7.08

941-628-0799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #