FILE NOW: FILING FEE IS \$61.25

Mailing Address

8024 CHIANTI DRIVE

ORLANDO FL 32836

2a. Mailing Address

City & State

29

9. Name and Address of Current Registered Agent

Suite, Apt #, etc.

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

8024 CHIANTI DRIVE

ORLANDO FL 32836

21

22

23

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003756 (0)

BUENA VISTA MUSLIM ACADEMY, INC.

25

MASHBURN, ERIC S ESQ.

102 E. MAPLE STREET

ORLANDO FL 32838

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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. X Addition TITLE ☐ DELETE 1.1 TITLE Change ANSARI, NAYYAR S NAME 1.2 NAME **8024 CHIANTI DRIVE** STREET ADDRESS 1.3 STREET ACCURESS ORLANDO FL 32836 CITY - ST - ZIP 1.4 CITY-ST-ZIP X Addition TITLE DELETE 2.1 TITLE Change NAME KASU, ABDULGHANI 2.2 NAME 2690 CERAM AVENUE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP 2.4 CITY-ST-ZIP X Addition DELETE S/T TITLE 31 TITLE MALIK, MUHAMMAD Z 3.2 NAME NAME 1690 CEDRO AVENUE STREET ADDRESS 3.3 STREET ADDRESS **DELTONA FL 32738** 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME

Country

82

83

Name

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.

SIGNATURE:

STREET ADDRESS

STREET ANDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Kan ku-

ABDULGHANI KASU

53 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-7IP

5.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

DELETE

4-20-8 f

407-859-6583

Change

Addition

FILED

Apr 30 1998 8:00am

Secretary of State

Yes X No

7. Is this nonprofit corporation a homeowners association?

10. Name and Address of New Registered Agent

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

59-3467750

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

06/30/1997

4. FEI Number