2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N9800000468

1. Entity Name ISLAMIC CENTER OF CENTRAL BREVARD, INC.				richi I	O3-18-2004 90012 016 ****61.25			
Principal Place of Business		Mailing Address						
375 S. COURTENAY PKWY MERRITT ISLAND FL 32953		375 S. COURTENAY PKWY MERRITT ISLAND FL 32953						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		М	OORE CR2	E037 (11/03)		
City & State		City & State		4. FEI Number	59-3490792		plied For	
Zip Country		Zip	ip Country		tatus Desired	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	dress of New Register	· .		
			Name				·	
RAUMAN, MAHER 111 S INDIAN CIR			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
CO	COA FL 32922		·	·				
٠			City			FL Zip Code	e	
SIGNATURE	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Car	E: Registered Agent signature requipped in the property of the	\$5.00 May Be Added to Fees	Make Ch	neck Payable partment of S		
10,	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	D DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EYAD, ALSHAMABI 2211 SPRING CIR COCOA FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV IBRAHIM, MOHAMMED S 115 HACIENDA DRIVE MERRITT ISLAND FL 32952	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAHMAN, MAHER 479 N COURTENAY PKWY MERRITT ISLAND FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAY DA, VAJEO 149 LAS PALMAS MERRITT ISLAND FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

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12. 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/04

FILED

Mar 18, 2004 8:00 am

Daytime Phone #