


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N98000000468 1. Entity Name ISLAMIC CENTER OF CENTRAL BREVARD, INC. |  |
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| Principal Place of Business 375 S. COURTENAY PKWY MERRITT ISLAND, FL 32953 | Mailing Address 375 S. COURTENAY PKWY MERRITT ISLAND, FL 32953 |
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03012006 No Chg-NP CR2E037 (11/05)

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|---|-----------------------------------|
| 4. FEI Number 59-3490792 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RAUMAN, MAHER 111 S INDIAN CIR COCOA, FL 32922 |
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S EYAD, ALSHAMABI 2211 SPRING CIR COCOA, FL 32926 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV IBRAHIM, MOHAMMED S 115 HACIENDA DRIVE MERRITT ISLAND, FL 32952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RAHMAN, MAHER 479 N COURTENAY PKWY MERRITT ISLAND, FL 32953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VAY DA, VAJEO 149 LAS PALMAS MERRITT ISLAND, FL 32953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000530862
05/06/06-80016-003 61.25

**DO NOT WRITE
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: *M. A. Rahman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #