

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90413 040 \*\*\*\*61.25

**DOCUMENT # N98000000468**

1. Entity Name  
**ISLAMIC CENTER OF CENTRAL BREVARD, INC.**



Principal Place of Business  
**375 S. COURTENAY PKWY  
MERRITT ISLAND, FL 32953**

Mailing Address  
**375 S. COURTENAY PKWY  
MERRITT ISLAND, FL 32953**

**DO NOT WRITE IN THIS SPACE**

02282008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3490792**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RAUMAN, MAHER  
111 S INDIAN CIR  
COCOA, FL 32922**

**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 \_\_\_\_\_

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  
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

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #