

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005147

FILED
Apr 26, 2007
Secretary of State

Entity Name: HODA ACADEMY FOR QURANIC STUDIES, INC.

Current Principal Place of Business:

4421 SW 85TH WAY
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

4421 SW 85TH WAY
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-3594760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EL-MAHDAWY, AHMED
4421 SW 85 WAY
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EL-MAHDAWY, AHMED M
Address: 4421 SW 85TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: EL-MAHDAWY, FAWZIA A
Address: 4421 SW 85TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: EL-MAHDAWY, AHMED E
Address: 4421 SW 85TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: MOHAMED, SAFUAT
Address: 5220 SW 13 ST
City-St-Zip: GAINESVILLE, FL 32608

Title: V () Delete
Name: ZEINI, MANIDOUH
Address: 8801 W NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: EL-HADY, SAYED
Address: 1050 EMERALD RD
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AHMED ELMAHDAWY

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date