

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005718

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** ISLAMIC CENTER OF GAINESVILLE, INC.

**Current Principal Place of Business:**

1010 WEST UNIVERSITY AVE.  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

1010 WEST UNIVERSITY AVE.  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 59-3607185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KHAN, HARIS  
523 NW 103 TERRACE  
GAINESVILLE, FL 32607 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: DCH ( ) Delete  
Name: KHAN, HARIS CHAIR/P  
Address: 523 NW 103 TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: MEHDI, KARIM  
Address: 110 NW 9TH TERRACE APT 101  
City-St-Zip: GAINESVILLE, FL 32601

Title: DS ( ) Delete  
Name: AHMED, SHERIF TR  
Address: HUNTERS RUN  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: MUHAMMED, KHALED VC  
Address: 1514 SE 15 AVE  
City-St-Zip: GAINESVILLE, FL 32641

Title: D ( ) Delete  
Name: AL-ISSA, JAMIL  
Address: 346 SW 62 BLVD  
City-St-Zip: GAINESVILLE, FL 32607

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: HARIS KHAN

PRES

04/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date