

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733706

**Entity Name:** ISLAMIC SOCIETY OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**1089 N GOLDENROD RD  
ORLANDO, FL 32807**Current Mailing Address:**PO BOX 338  
GOLDENROD, FL 32733 US**FEI Number:** 51-0188054**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUSRI, MUHAMMAD  
1586 N. GOLDENROD RD.  
ORLANDO, FL 32807 US*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

**Officer/Director Detail :**

Title            PRESIDENT, CHAIRMAN  
Name            MUSRI, MUHAMMAD PHD, IMAM  
Address        1586 N. GOLDENROD RD.  
City-State-Zip: ORLANDO FL 32807

Title            DIRECTOR  
Name            ALLY, MOHAMED H  
Address        100 KILLINGTON WAY  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            ASSIM, MOHAMMED  
Address        1210 SARAH ST.  
City-State-Zip: LONGWOOD FL 32750

Title            DIRECTOR  
Name            AYGUN, DAVUT IMAM  
Address        9501 SATELLITE BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            SECRETARY  
Name            GIBBS, W. ERNEST PHD  
Address        9574 BENNINGTON CHASE DR.  
City-State-Zip: ORLANDO FL 32829

Title            DIRECTOR  
Name            HATIM, HAMIDULLAH IMAM  
Address        400 ROCK LAKE DRIVE  
City-State-Zip: ORLANDO FL 32805

Title            DIRECTOR  
Name            NUR, MOHAMED IMAM  
Address        10025 OAK CREST RD.  
City-State-Zip: ORLANDO FL 32829

Title            DIRECTOR  
Name            MARDINI, WALID  
Address        1830 STATE ROAD 436  
City-State-Zip: WINTER PARK FL 32792

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*I hereby 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 all other like empowered.*

**SIGNATURE:** MUHAMMAD E MUSRI**PRESIDENT****04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JANOUANE, HICHAM IMAM  
Address 7250 WESTPOINTE BOULEVARD  
1026  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name QADRI, SYED UBAIDULLAH IMAM  
Address 5113 MANATEE DR.  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name MAJHAREE, ARMAAN IMAM  
Address 6205 STONEBROOK DRIVE  
City-State-Zip: SAFORD FL 32773

Title DIRECTOR  
Name ZAMAN, AHMADI B. M.D.  
Address 412 BARCLAY CT  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR  
Name CHAABAN, BASSEM  
Address 215 RIVERCHASE DR.  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name ALJABBAN, ABDULLAH IMAM  
Address 12234 HUNTSMAN LANE  
City-State-Zip: ORLANDO FL 32826

Title DIRECTOR  
Name KHAN, ALLI IMAM  
Address 9618 BENNINGTON CHASE DR.  
City-State-Zip: ORLANDO FL 32829