

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762393

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC9868468271**

**Entity Name:** ISLAMIC COMMUNITY OF SOUTH WEST FLORIDA, INC.

**Current Principal Place of Business:**

25148 HARBOR VIEW RD  
CHARLOTTE HARBOR, FL 33980

**Current Mailing Address:**

25148 HARBOR VIEW RD  
CHARLOTTE HARBOR, FL 33980 UN

**FEI Number:** 59-2207380

**Certificate of Status Desired:** No

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

ISLAM, SARFRAZ M  
105 S.W. GRAHAM ST  
PORT CHARLOTTE, FL 33952 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 P  
Name MOOPEN, MOIDEEN  
Address 2490 ABSCOTT ST.  
City-State-Zip: PORT CHARLOTTE FL 33952

Title M  
Name KHALIDI, NASIR  
Address P.O. BOX 496420  
City-State-Zip: PORT CHARLOTTE FL 33949-6420

Title S  
Name MIFTAH, KEMAL  
Address 21216 OLEAN BOULEVARD SUITE 3  
City-State-Zip: PORT CHARLOTTE FL 33952

Title M  
Name ISLAM, SARFRAZ  
Address 105 SW GRAHAM ST  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** MOIDEEN MOOPEN

**OFFICER**

**03/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date