

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007881

Entity Name: ISLAMIC CENTER OF POLK COUNTY, FLA., INC.,**Current Principal Place of Business:**1763 UNITY WAY NE
WINTER HAVEN, FL 33881**Current Mailing Address:**ISLAMIC CENTER OF POLK COUNTY
P O BOX 4012
WINTER HAVEN, FL 33885**FEI Number:** 59-3179362**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, DAVID
242 ASH LN
LAKELAND, FL 33813 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:** DAVID ANDERSON

04/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	YOUSEF, YASER
Address	2037 SAN MARCOS DR SE
City-State-Zip:	WINTER HAVEN FL 33880

Title	VP
Name	BELAL, FAROUK
Address	307 QUAILS RUN PASS
City-State-Zip:	WINTER HAVEN FL 33884

Title	TREA
Name	BAJWA, HAFEEZ
Address	430 NORTH LAKESHORE WAY
City-State-Zip:	LAKE ALFRED FL 33850

Title	SECR
Name	MADI, ABDULLAH
Address	7339 BENT GRASS DR
City-State-Zip:	WINTER HAVEN FL 33884

Title	MD
Name	MOUSLI, HASAN
Address	4437 MANDOLIN BLVD
City-State-Zip:	WINTER HAVEN FL 33884

Title	MD
Name	ANDERSON, DAVID
Address	242 ASH LN
City-State-Zip:	LAKELAND FL 33813

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: ABDULLAH MADI

SECR

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date