

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006766

**Entity Name:** ISLAMIC CENTER OF PALM BEACH, INC.

**Current Principal Place of Business:**

101 CASTLEWOOD DR  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

PO BOX 31152  
WEST PALM BEACH, FL 33420 US

**FEI Number:** 20-3167881

**Certificate of Status Desired:** No

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

ELHOSSEINY, SHARIF  
101 CASTLEWOOD DR  
NORTH PALM BEACH, FL 33408 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 ELHOSSEINY, SHARIF MP  
Address 101 CASTLEWOOD DR  
City-State-Zip: NORTH PALM BEACH FL 33408

Title S  
Name GOMAA, ELSAYED S  
Address 101 CASTLEWOOD DR  
City-State-Zip: NORTH PALM BEACH FL 33408

Title T  
Name MURIC, EMIR  
Address 101 CASTLEWOOD DR  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** SHARIF ELHOSSEINY

**PRESIDENT**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date