

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003028

Entity Name: MUSLIM CEMETERY OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**4870 OLD TAMPA HWY
KISSIMMEE, FL 34758**Current Mailing Address:**7232 SANDLAKE ROAD STE 205
ORLANDO, FL 32819 US**FEI Number:** 45-1067986**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAQUE, AMIN
7232 W SAND LAKE ROAD
205
ORLANDO, FL 32819 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	VP
Name	SADAT, GOLAM N
Address	2881 OCONNELL DRIVE
City-State-Zip:	KISSIMMEE FL 34741
Title	TR
Name	HAQUE, AMIN
Address	2852 O'CONNELL DRIVE
City-State-Zip:	KISSIMMEE FL 34741
Title	DIRECTOR
Name	AHMAD, SAEED
Address	1520 N. JOHN YOUNG PKWY.
City-State-Zip:	KISSIMMEE FL 34741
Title	DIRECTOR
Name	ABDARI, MOHAMED
Address	4870 OLD TAMPA HWY
City-State-Zip:	KISSIMMEE FL 34758

Title	PRESIDENT
Name	HASSOUNEH, JAMAL
Address	1569 CARRINGTON AVENUE
City-State-Zip:	WINTER SPRINGS FL 32708
Title	SECRETARY
Name	ALI, KUDRAT
Address	8519 FOREST RUN LANE
City-State-Zip:	ORLANDO FL 32836
Title	ASST. TREASURER
Name	ISLAM, HUZZATUL
Address	2769 TROPICAL LAKE DR
City-State-Zip:	KISSIMMEE FL 34741
Title	ASST. TREASURER
Name	RASHID, ABDUR
Address	4557 PHILADELPHIA CIRCLE
City-State-Zip:	KISSIMMEE FL 34746

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: HASSOUNEH, JAMAL**PRESIDENT****01/14/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date