

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50370

Entity Name: ISLAMIC MOVEMENT OF FLORIDA, INC.**Current Principal Place of Business:**3201 N. 74TH AVE
HOLLYWOOD, FL 33024**Current Mailing Address:**3201 N. 74TH AVE
HOLLYWOOD, FL 33024 US**FEI Number:** 65-0362777**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMAD, ABDUL TALLIM
3201 N. 74TH AVE
HOLLYWOOD, FL 33024 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:** ABDUL TALLIM SAMAD

02/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name KHAN, MOONEER
Address 3801 EAST LAKE ESTATES DR.
City-State-Zip: DAVIE FL 33328

Title D
Name ALLY, ARKAN
Address 440 NW 102ND TERRACE
City-State-Zip: PEMBROKE PINES FL 33026

Title D
Name ABDOOL, IRSHAD MOHAMMED
Address 611 NW 86TH AVE
City-State-Zip: PEMBROKE PINES FL 33024

Title D
Name MOHAMED, MOIEN
Address 8321 SW 20TH STREET
City-State-Zip: MIRAMAR FL 33023

Title DD
Name SAMAD, ABDUL TALLIM
Address 9660 BOULDER STREET
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name SHARIFF, MAHAMMAD ABDUL HAMID
Address 6761 SW 13 TH STREET
City-State-Zip: PEMBROKE PINES FL 33023

Title DIRECTOR
Name SHAFEEK, MOHAMED ALAWI
Address 6151 FLAGLER ST
City-State-Zip: HOLLYWOOD FL 33023

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: MOONEER KHAN**PRESIDENT**

02/28/2016

Electronic Signature of Signing Officer/Director Detail

Date