

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003212

Entity Name: ISLAMIC CENTER OF OSCEOLA COUNTY, INC.**Current Principal Place of Business:**710 OAK COMMONS BLVD.
KISSIMMEE, FL 34741**Current Mailing Address:**710 OAK COMMONS BLVD.
KISSIMMEE, FL 34741 US**FEI Number: 59-3335319****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UL ISLAM, SIRAJ
710 OAK COMMONS BLVD
KISSIMMEE, FL 34741 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 D
Name THAKUR, MURAD K
Address 5480 CURRYFORD RD
City-State-Zip: ORLANDO FL 32819Title D, TR
Name AHMAD, SAEED
Address 4323 BAY VISTA DR.
City-State-Zip: KISSIMMEE FL 34746Title D, TR
Name ISLAM, M. SIRAJ UL
Address 710 OAK COMMONS BLVD
City-State-Zip: KISSIMMEE FL 34741Title D, TR
Name RAHMAN, ASHIQUR
Address 1814 W DONEGAN AVE
City-State-Zip: KISSIMMEE FL 34741Title TR
Name KHAN THAKUR, MURAD
Address 9905 LAKE GEORGIA RD
City-State-Zip: ORLANDO FL 32817Title TR
Name AIDOO, AHMED
Address 2381 NEPTUNE ROAD
City-State-Zip: KISSIMMEE FL 34741

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: MURAD K THAKUR**DIRECTOR****04/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date