

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005332

**Entity Name:** ISLAM, INC.

**Current Principal Place of Business:**

1586 N GOLDENROD ROAD  
SUITE A  
ORLANDO, FL 32807

**Current Mailing Address:**

PO BOX 309  
GOLDENROD, FL 32733

**FEI Number:** 59-3406381

**Certificate of Status Desired:** No

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

MUSRI, MUHAMMAD  
1586 N GOLDENROD ROAD  
SUITE A  
ORLANDO, FL 32807 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            PRESIDENT, CHAIRMAN, CEO,  
                      DIRECTOR  
Name            MUSRI, MUHAMMAD PHD, IMAM  
Address        1586 N. GOLDENROD ROAD SUITE A  
City-State-Zip: ORLANDO FL 32807

Title            DIRECTOR  
Name            GIBBS, W. ERNEST PHD  
Address        9574 BENNINGTON CHASE DR.  
City-State-Zip: ORLANDO FL 32829

Title            DIRECTOR  
Name            ZAMAN, AHMADI DR.  
Address        412 BARCLAY CT  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            DIRECTOR  
Name            CHAABAN, BASSEM  
Address        215 RIVERCHASE DR.  
City-State-Zip: ORLANDO FL 32807

*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:** MUHAMMAD MUSRI

**PRESIDENT**

**03/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date