

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005775

Entity Name: ISLAMIC CENTER OF NEW PORT RICHEY AREA, INC.**Current Principal Place of Business:**4715 GRAND BLVD
NEW PORT RICHEY, FL 34652**Current Mailing Address:**4715 GRAND BLVD
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-3416394**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZAKI, KHAJA
5041 WEST SHORE DR.
NEW PORT RICHEY, FL 34652 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:** KHAJA ZAKI

02/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name RAHIM, ABDUR DR.
Address 5079 WESTSHORE DRIVE
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name JAVEED, SHAHINA DR.
Address 1187 KLOSTERMAN ROAD
City-State-Zip: TARPONSPRINGS FL 34689

Title PASTOR
Name ALY, AHMED
Address 4715 GRAND BLVD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name KAIF, MOHAMMED DR.
Address 1187 KLOSTERMAN ROAD
City-State-Zip: TARPON SPRINGS FL 34689

Title D
Name ZAKI, KHAJA
Address 5041 WEST SHORE DRIVE
City-State-Zip: NEW PORT RICHEY FL 34652

Title OFFICER
Name FAGUSETH, ISMAIL
Address 4715 GRAND BLVD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name HASAN, SYED DR.
Address 5824 STATE ROAD 54 SUITE 101
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name ZAFAR, OMAIR DPM
Address 6543 MADISON ST
City-State-Zip: NEW PORT RICHEY FL 34652

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: KHAJA ZAKI**DIRECTOR**

02/23/2023

Electronic Signature of Signing Officer/Director Detail

Date