

2015 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:**RAHIM, ABDUR
5749 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name RAHIM, A
Address 5749 WEST SHORE DRIVE
City-State-Zip: NEW PORT RICHEY FL 34652

Title SD
Name MUGHNI, MOHAMMED S
Address 7940 CALIDRA CT
City-State-Zip: NEWPORTRICHEY FL 34655

Title OFFICER
Name FARRUKH, ZAIDI
Address 8547 TRASHER CT
City-State-Zip: NEW PORT RICHEY FL 34690

Title OFFICER
Name SIDDIQI, GAIL SR.
Address 1042 TOSCANO DRIVE
City-State-Zip: TRINITY FL 34655

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

Title OFFICER
Name VAHORA, PARVEEN
Address 1024 ROYAL BIRKDALE DRIVE
City-State-Zip: TARPON SPRINGS FL 34686

Title OFFICER
Name SIDDIQI, NAVEED DR.
Address 1042 TOSCANO DRIVE
City-State-Zip: TRINITY FL 34655

Title OFFICER
Name JAVEED, SHAHINA DR.
Address 1184RIVEREDGE DRIVE
City-State-Zip: TARPONSPRINGS FL 34689

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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**D****02/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	JAVEED, HAYATH DR.
Address	4909 MOOG ROAD
City-State-Zip:	HOLIDAY FL 34690