#### 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: SHUHRAT YOSIN

Electronic Signature of Signing Officer/Director Detail

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### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N2200000503

Entity Name: ISLAMIC CENTER OF PALM COAST INC

# **Current Principal Place of Business:**

4721 E. MOODY BLVD SUITE 207 BUNNELL, FL 32110

# **Current Mailing Address:**

4721 E. MOODY BLVD SUITE 207 BUNNELL, FL 32110 US

# FEI Number: 87-4421884

# Name and Address of Current Registered Agent:

YOSIN, SHUHRAT 4721 E. MOODY BLVD SUITE 207 BUNNELL, FL 32110 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	SHUHRAT YOSIN			03/07/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	YOSIN, SHUHRAT	Name	KHAWAJA, HUMAYUN ZAFAR	
Address	4721EAST MOODY BLVD. SUITE#207	Address	4721 E. MOODY BLVD SUITE 207	
City-State-Zip:	BUNNELL FL 32110	City-State-Zip:	BUNNELL FL 32110	
Title	TREASURER			
Name	GANIEV, SAID A			
Address	4721 E. MOODY BLVD SUITE 207			
City-State-Zip:	BUNNELL FL 32110			

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

### FILED Mar 07, 2024 Secretary of State 8042913876CC

Certificate of Status Desired: No

03/07/2024 Date