

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745712 (0)

1. Corporation Name

ISLAMIC SOCIETY OF TAMPA BAY AREA, INC.



Principal Place of Business

Mailing Address

**7326 E SLIGH AVE.
TAMPA FL 33610-9504**

**7326 E SLIGH AVE.
TAMPA FL 33610-9504**

3. Date Incorporated or Qualified

01/25/1979

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

4. FEI Number

59-0201966

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KHAN, Z. A.
2101 COUNTRY CLUB CT
PLANT CITY FL 33587**

10. Name and Address of New Registered Agent

81	Name	Mohammad Sultan
82	Street Address (P.O. Box Number is Not Acceptable)	11301 Devorah CT #146
83		
84	City	Tempe
		Tempe Terrace
85	Zip Code	FL 33617

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1125196

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ABU-ADAS, WALEED	
STREET ADDRESS	4798 SOUTH FLORIDA AVENUE, SUITE 122	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KHAN, AJMAL	
STREET ADDRESS	3309 JAP TUCKER ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AHMED, ELIAS	
STREET ADDRESS	15319 WINDING CREEK DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hussain Saba	
1.3 STREET ADDRESS	605 Warren RD	
1.4 CITY-ST-ZIP	Lutz, FL 33549	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/31/96

DATE

(813) 628-0001

DAYTIME PHONE #

CR2E037 (12/95)