

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2004
Secretary of State**

DOCUMENT# N00000002864

Entity Name: ISLAMIC SOCIETY OF NEW TAMPA, INC.

Current Principal Place of Business:

15830 MORRIS BRIDGE RD.
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

15830 MORRIS BRIDGE RD.
THONOTOSASSA, FL 33592

New Mailing Address:

FEI Number: 59-3641940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HASHMI, ARJUMAND MD
Address: 18123 LONGWATER DR.
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: AHMED, MAHMUD MD
Address: 8930 MAGNOLIA CHASE CIR
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: KAMEL, SYED T
Address: 17807 RIDGE WAY CT.
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: SYED, MAHMOOD
Address: 9434 BLUEBIRD DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAHMOOD SYED

TD

04/24/2004

Electronic Signature of Signing Officer or Director

_____ Date