

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000002864

1. Entity Name
ISLAMIC SOCIETY OF NEW TAMPA, INC.



FILED
Jan 08, 2007 08:00 AM
Secretary of State

Principal Place of Business
15830 MORRIS BRIDGE RD.
THONOTOSASSA, FL 33592

Mailing Address
15830 MORRIS BRIDGE RD.
THONOTOSASSA, FL 33592



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3641940

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000578808
01/09/07-80045-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASHMI, ARJUMAND MD 18123 LONGWATER DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AHMED, MAHMUD MD 26528 CASTLEVIEW WAY WESLEY CHAPPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAMEL, SYED T 17807 RIDGE WAY CT. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAROOQI, SHAFQAT LONGWATER DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAFQAT FAROOQI *S. Farooqi* 1/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #