

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$195)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 8:27

DOCUMENT # N50793 (1)

1. Corporation Name

THE ISLAMIC COMMUNITY OF TAMPA, INC.

Principal Place of Business

Mailing Address

5910 E 130TH AVE
TAMPA FL 33617

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TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1992	3a. Date of Last Report 05/25/1984
4. FEI Number 59-3236474	Applied For Not Applicable

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. County	2e. County

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AL-ARIAN, SAMI A.
5207 E 127TH AVE
TAMPA FL 33617

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. City	FL
B5. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	AL-ARIAN, SAMI A.
STREET ADDRESS	5207 E 127TH AVE
CITY - ST - ZIP	TAMPA FL 33617
TITLE	D
NAME	SAID, KAYED
STREET ADDRESS	10805 N 56 ST
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	NAJJAR, MAZEN
STREET ADDRESS	12402 PAMPAS PL P.O. Box 291595 NA
CITY - ST - ZIP	TAMPA FL 33687
TITLE	D
NAME	ABDULLAH, RAMADEN
STREET ADDRESS	5620 E. FOWLER AVE
CITY - ST - ZIP	TAMPA FL 33617
TITLE	D
NAME	IBRAHIM, ABDUL SAMAD
STREET ADDRESS	5000 E-127TH AVE 1613 E. WHEELER RD
CITY - ST - ZIP	TAMPA FL 33617 SEFFNER, FL 33584
TITLE	D
NAME	ALVI, MOUSTAFA
STREET ADDRESS	12402 PAMPAS PL
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A. S. IBRAHIM Treasurer/Director

6/15/95
Date

Daytime Phone #

CR2E037 (3/95)