

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90066 033 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50793**

1. Corporation Name  
**THE ISLAMIC COMMUNITY OF TAMPA, INC.**

373450 - 90056 - 25

Principal Place of Business 5910 E 130TH AVE TAMPA FL 33617	Mailing Address 5910 E 130TH AVE TAMPA FL 33617
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 09/09/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3236474
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  AL-ARIAN, SAMI A. 5207 E 127TH AVE TAMPA FL 33617  <i>This is the registered agent.</i>	10. Name and Address of New Registered Agent 81 Name <del>The Islamic Community of Tampa, Inc.</del> 82 Street Address (P.O. Box Number is Not Acceptable) <del>5910 E 130th Ave.</del> 83 84 City <del>Tampa</del> FL <del>33617</del>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President AL-ARIAN, SAMI A. 5207 E 127TH AVE TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Secretary Nabeel Sawalha 5108 Arbor Pointe Cir # 905 Tampa, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAID, KAYED 10805 N 56 ST. TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Treasurer Noor Sathab 12402 Pampas Place Tampa, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>SAJJAR, MAZEN</del> <del>P.O. BOX 281395 - WA</del> <del>TAMPA FL</del>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Director Atiq Alvi 24319 Twin Lake Dr. Land-O-Lake, FL 34629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHIM ABDOU SAMAD 1610 E WHEELER RD. SEFNER FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director Muhieddine Saad 4518 Sweetwater Lake Dr Tampa, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVI, MOUSTAFA 5910 E 130 AVE TAMPA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director Mohamed Benkhaled 7404 Del Bonita Court # 82 Tampa, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Zuhair Refaie 15106 Alexis Dr Tampa, FL 33624	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Director Anwar Hasan 6103 Rain Hollow Ct. Tampa, FL 33617

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), 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, with all other like empowered.

SIGNATURE: Nabeel Sawalha 4/8/99 813 988-7477  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)