


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90007 032 \*\*\*\*61.25

DOCUMENT # N50793			
1. Entity Name THE ISLAMIC COMMUNITY OF TAMPA, INC.			
Principal Place of Business 5910 E 130TH AVE TAMPA, FL 33617		Mailing Address 5910 E 130TH AVE TAMPA, FL 33617	
2. Principal Place of Business		3. Mailing Address P.O. Box 290382	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA, FL	
Zip	Country	Zip 33687	Country USA
6. Name and Address of Current Registered Agent TAHA, ZIAD H 8533 QUEEN BROOKS CT TAMPA, FL 33637		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAHA, ZIAD H	NAME	
STREET ADDRESS	8533 QUEEN BROOKS CT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33637	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEIKL, ZIA	NAME	
STREET ADDRESS	7601 TERRACE RIVER DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33637	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALHAB, NOOR	NAME	
STREET ADDRESS	12402 PAMPAS PLACE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASR, YUSRI	NAME	
STREET ADDRESS	10707 WOODMERE RD.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33625	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Tom Salib</i> Treasurer		Date: 8/1/04 Daytime Phone #: 727-0102	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number ~~50-9250474~~ 31-1362738 Applied For Not Applicable

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