


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N50793**  
 1. Entity Name  
**THE ISLAMIC COMMUNITY OF TAMPA, INC.**



Principal Place of Business  
**5910 E 130TH AVE  
 TAMPA, FL 33617**

Mailing Address  
**P.O. BOX 290382  
 TAMPA, FL 33687**



04192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1362738</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**TAHA, ZIAD H  
 8533 QUEEN BROOKS CT  
 TAMPA, FL 33637**

**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 re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAHA, ZIAD H 8533 QUEEN BROOKS CT TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEIKL, ZIA 7601 TERRACE RIVER DR TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALHAB, NOOR 12402 PAMPAS PLACE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASR, YUSRI 10707 WOODMERE RD. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000326357  
 04/23/05-80054-001 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Noor Salhab Treasurer* **4/20/05 (813) 727-0102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #