

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50793

FILED
Apr 15, 2008
Secretary of State

Entity Name: THE ISLAMIC COMMUNITY OF TAMPA, INC.

Current Principal Place of Business:

5910 E 130TH AVE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 290382
TAMPA, FL 33687

New Mailing Address:

FEI Number: 31-1362738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAHA, ZIAD H
8533 QUEEN BROOKS CT
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAHA, ZIAD H
Address: 8533 QUEEN BROOKS CT
City-St-Zip: TAMPA, FL 33637

Title: D () Delete
Name: NOFAL, ZAID
Address: P.O. BOX 17361
City-St-Zip: TAMPA, FL 33682

Title: TD () Delete
Name: SALHAB, NOOR
Address: 12402 PAMPAS PLACE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: NASR, YUSRI
Address: 10707 WOODMERE RD.
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TAHA, ZIAD H
Address: 8533 QUEEN BROOKS CT
City-St-Zip: TAMPA, FL 33637

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: SALHAB, NOOR
Address: 12402 PAMPAS PLACE
City-St-Zip: TAMPA, FL 33617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOOR SALHAB

DP

04/15/2008

Electronic Signature of Signing Officer or Director

Date