

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002864

**FILED**  
**Jan 24, 2016**  
**Secretary of State**  
**CC7199933642**

**Entity Name:** ISLAMIC SOCIETY OF NEW TAMPA, INC.

**Current Principal Place of Business:**

15830 MORRIS BRIDGE RD.  
THONOTOSASSA, FL 33592

**Current Mailing Address:**

15830 MORRIS BRIDGE RD.  
THONOTOSASSA, FL 33592

**FEI Number:** 59-3641940

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COUNCIL, JOHN RESQ  
37739 ROBINSON AVENUE  
DADE CITY, FL 33525 US

*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

**Officer/Director Detail :**

Title D, PRESIDENT  
Name AHMED, MAHMUD MD  
Address 26528 CASTLEVIEW WAY  
City-State-Zip: WESLEY CHAPPEL FL 33543

Title SD  
Name KAMEL, SYED T  
Address 17807 RIDGE WAY CT.  
City-State-Zip: TAMPA FL 33647

Title TD  
Name FAROOQI, SHAFQAT  
Address 18126 LONGWATER RUN DRIVE  
City-State-Zip: TAMPA FL 33647

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHAFQAT FAROOQI

**TREASURE**

**01/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date