

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007767

**Entity Name:** AMERICAN ISLAMIC CENTER OF TAMPA BAY INC

**Current Principal Place of Business:**

7400 62ND TERRACE NORTH  
PINELLAS PARK, FL 33781

**FILED**  
**Apr 18, 2014**  
**Secretary of State**  
**CC4418786256**

**Current Mailing Address:**

PO BOX 22429  
ST PETERSBURG, FL 33742

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

HAKKI, SAM  
1201 N GANDY BLVD  
BOX 22429  
ST PETE, FL 33742 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 VP  
Name MULLAH, HOUSINE  
Address 10652 ORANGE BLOSSOM LANE  
City-State-Zip: SEMINOLE FL 33772

Title VP  
Name SHUMAN, ABDUL  
Address 6656 13TH AVE N  
City-State-Zip: ST PETERSBURG FL 33710

Title T  
Name RAAB, STEPHEN  
Address 2200 LAMPARILLA WAY S  
City-State-Zip: ST PETE FL 33712

Title S  
Name MULLAH, HASSAN  
Address 5432 104 WAY N  
City-State-Zip: SEMINOLE FL 33772

Title D  
Name SHUMAN, NADEN  
Address 6656 13TH AVE  
City-State-Zip: ST PETERSBURG FL 33710

Title CFO, PRESIDENT  
Name FACKIH, MAJID  
Address PO BOX 22429  
City-State-Zip: ST PETERSBURG FL 33742

Title DIRECTOR  
Name HAKKI, SAM  
Address PO BOX 22429  
City-State-Zip: ST PETERSBURG FL 33742

*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: SAM HAKKI**

**DIRECTOR**

**04/18/2014**

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

\_\_\_\_\_  
Date