

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03834

FILED  
Jul 30, 2008  
Secretary of State

Entity Name: BAY COUNTY ISLAMIC SOCIETY INC.

## Current Principal Place of Business:

3312 TOKEN ROAD  
PANAMA CITY, FL 32405 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 15566  
PANAMA CITY, FL 324065566

## New Mailing Address:

FEI Number: 59-2553758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

RAHMAN, SHIREEN  
2608 RAVENWOOD CT.  
LYNN HAVEN, FL 32444 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: D ( ) Delete  
Name: HASHAM, MUBARAK  
Address: 3317 HARBOR PL  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: MOHAMMOND, ZEINOMAR  
Address: 1211 SAVANNAH DR  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: SIDANI, JABL  
Address: 502 PARKWOOD CT  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: ALBIBI, OSAMA  
Address: 4006 WOODRIDGE RD  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: KENAWY, AHMED  
Address: 505 PARKWOOD DR  
City-St-Zip: PANAMA CITY, FL 32405

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BAKER

DR.

07/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date