2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N03834

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:

P.O. BOX 15566
PANAMA CITY, FL 32406-55 66

FEI Number: 59-2553758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: DR. (X) Change ( ) Addition
Name: HASHEM, MUBARAK
Address: 3317 HARBOR PL
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Change ( ) Addition
Name: MOHAMMOUD, ZEINOMAR `
Address: 1211 SAVANNAH DR
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Change ( ) Addition
Name: ZAFAR, AMIR
Address: 3538 TOKEN ROAD
City-St-Zip: PANAMA CITY, FL 32405

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: AHMED BAKER DR. 02/04/2009

Electronic Signature of Signing Officer or Director Date