

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03834

**FILED**  
**Jan 10, 2011**  
**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 32406 66

**New Mailing Address:**

**FEI Number:** 59-2553758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKER, AHMED  
2713 BRIARCLIFF RD.  
PANAMA CITY, FL 32405 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: DR.  
Name: MOHSEN, ATA  
Address: 107 LIME STONE LANE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MR.  
Name: PIPPIN, JOSEPH  
Address: 606 GABRIEL ST.  
City-St-Zip: PANAMA CITY, FL 32405

Title: MS  
Name: PIPPIN, LINA  
Address: 606 GABRIEL ST.  
City-St-Zip: PANAMA CITY, FL 32405

Title: D  
Name: BAKER, AHMED  
Address: 2713 BRIARCLIFF RD.  
City-St-Zip: PANAMA CITY, FL 32405

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

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: AHMED BAKER

DR.

01/10/2011

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

\_\_\_\_\_  
Date