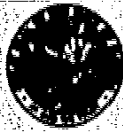


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N25288 (4)**  
1. Corporation Name  
**ISLAMIC SOCIETY OF PINELLAS COUNTY, INC.**

Principal Place of Business: **RAYMOND GILLEY  
POST OFFICE BOX 494  
PINELLAS PARK FL 34664**  
Mailing Address: **RAYMOND GILLEY  
POST OFFICE BOX 494  
PINELLAS PARK FL 34664**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/09/1988** 3a. Date of Last Report: **03/11/1994**  
4. FBI Number: **59-2883553** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes:  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**SHAKIR, RIZVON  
13125 WILCOX ROAD  
#8A1  
LARGO FL 34644**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>BARAZANJI, HATHAM</b>
STREET ADDRESS	<b>11150 4TH ST. N. APT. 4112</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>
TITLE	<b>TD</b>
NAME	<b>CHAHBANDAR, KHALED</b>
STREET ADDRESS	<b>11401 9TH ST. N. #1815</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>
TITLE	<b>VD</b>
NAME	<b>BARTRAWY, AHMED</b>
STREET ADDRESS	<b>1132 DARLINGTON OAK DR., NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>
TITLE	<b>SD</b>
NAME	<b>SHAKIR, RIZVON</b>
STREET ADDRESS	<b>13125 WILCOX RD., #8A1</b>
CITY-ST-ZIP	<b>LARGO FL 34644</b>
TITLE	<b>SD</b>
NAME	<b>HACK, SATTAR</b>
STREET ADDRESS	<b>5237-1ST AVE. NORTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33710</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond Shaker / RIZVON SHAKIR 4-20-1995 (B13) 464-4753  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone # 546-3162