

FILE NOW: FILING FEE IS \$61.25

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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N25288 (4)

1. Corporation Name
ISLAMIC SOCIETY OF PINELLAS COUNTY, INC.



Principal Place of Business Mailing Address
%RAYMOND GILLEY POST OFFICE BOX 494 PINELLAS PARK FL 34664
%RAYMOND GILLEY POST OFFICE BOX 494 PINELLAS PARK FL 33780-0494

3. Date Incorporated or Qualified 03/09/1988 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2883553 Applied For Not Applicable
21 8800 49TH ST N 26 PO BOX 494
Suite #, etc. Suite, Apt. #, etc.
22 SUITE 304 27
City & State City & State
23 PINELLAS PARK, FL 28 PINELLAS PARK FL
Zip Country Zip Country
24 33782 25 PINELLAS 29 33780 0494 30 PINELLAS

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SHAKIR, RIZVON 7360 ULMERTON RD. 29C LARGO FL 34641
81 Name CHAHBANDAR, KHALED
82 Street Address (P.O. Box Number is Not Acceptable) 1719 MICHIGAN
83
84 City ST. PETERS BURG FL 85 Zip Code 33703

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 1/23/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARAZANJI, HAITHAM	1.2 NAME	
STREET ADDRESS	11150 4TH ST. N. APT. 4112	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAHBANDAR, KHALED	2.2 NAME	
STREET ADDRESS	11401 9TH ST. N. #1815	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTRAWY, AHMED	3.2 NAME	
STREET ADDRESS	1132 DARLINGTON OAK DR., NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAKIR, RIZVON	4.2 NAME	
STREET ADDRESS	7360 ULMERTON RD., 29C	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE: 1/23/97 (213) 572-9740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0052061

CR2E037 (9/96)