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FILED  
Jun 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N25288  
1. Corporation Name  
ISLAMIC SOCIETY OF PINELLAS, INC.

Principal Place of Business: 8800 49TH ST. N. SUITE 304 PINELLAS PARK FL 33780  
Mailing Address: P.O. Box 494 PINELLAS PARK FL 33780

2. Principal Place of Business: 21 8800 49TH ST. N. Suite, Apt. #, etc. 22 304  
23 PINELLAS PARK, FL  
24 33780  
2a. Mailing Address: 26 PO BOX 494  
27  
28 PINELLAS PARK  
29 33780  
30

3. Date Incorporated or Qualified: 3/9/1988  
4. FEI Number: 59-2883553  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
KHALED CHABAN DAR  
1719 MICHIGAN AVE NE  
ST. PETERSBURG, FL 33703

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: D	PRESIDENT	<input type="checkbox"/> DELETE
NAME:	HAIthem BARAZANSI	
STREET ADDRESS:	10539 3RD ST N. #B	
CITY-ST-ZIP:	ST. PETERSBURG FL 33716	
TITLE: T	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME:	AHMAD BATRUWAY	
STREET ADDRESS:	1132 DARLINGTON OAK DR. NE	
CITY-ST-ZIP:	ST. PETERSBURG FL 33703	
TITLE: T	SEC./TREASURER	<input type="checkbox"/> DELETE
NAME:	KHALED CHABAN DAR	
STREET ADDRESS:	1719 MICHIGAN AVE NE	
CITY-ST-ZIP:	ST. PETERSBURG FL 33703	
TITLE:		<input type="checkbox"/> DELETE
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> DELETE
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> DELETE
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY-ST-ZIP:	
21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	
24 CITY-ST-ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY-ST-ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY-ST-ZIP:	

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14. I 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: \_\_\_\_\_ DATE: 4/28/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DAYTIME PHONE #: 572-9740

CR2E037 (10/97)