

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 08:00 A
Secretary of State

DOCUMENT # N25288

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



Principal Place of Business
**9400 67TH ST N
PINELLAS PARK, FL 33782 US**

Mailing Address
**PO BOX 494
PINELLAS PARK, FL 33780**

DO NOT WRITE IN THIS SPACE



05252007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2883553

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAHBANDAR, KHALED
1000 COVE CAY DR
CLEARWATER, FL 33760**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARAZANJI, HAITHAM 13440 LAS PALMAS DR LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CHAHBANDAR, KHALED 1000 COVE CAY DR CLEARWATER, FL 35760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T BARTRAWY, AHMED 1132 DARLINGTON OAK DR., NE ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ALTOUBAH, EYAD 2978 DREW ST APT 720 CLEARWATER, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/01/07-80010-003 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Haitham Baraznji
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07
Date

727-546-9162
Daytime Phone #