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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**May 01, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **N94000000077 (7)**

1. Corporation Name

**ISLAMIC RESEARCH CENTER, INC.**



Principal Place of Business

Mailing Address

**3530 FIRT AVE. NORTH  
3500 BUILDING, STE 220  
ST. PETERSBURG FL 33713  
US**

**3530 FIRST AVE. NORTH  
3500 BUILDING, STE. 220  
ST. PETERSBURG FL 33713  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARAZANJI, HAITHAM G  
11150 4TH STREET NORTH  
STE. 4112  
ST. PETERSBURG FL 33706**

81 Name **BARAZANJI, HAITHAM G.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**10538 3rd St. N. Apt B**

83

84 City **St. Petersburg** FL 85 Zip Code **33716**

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

*Haitham Barazani*

(NOTE: Registered Agent signature required when reappointing)

**4-30-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **BARAZANJI, HAITHAM G**  
STREET ADDRESS **11150 4TH STREET NORTH STE. 4112**  
CITY - ST - ZIP **ST. PETERSBURG FL 33706**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE  
NAME **MOHAREB, IBRAHIM**  
STREET ADDRESS **715 HOLIDAY DRIVE STE. C**  
CITY - ST - ZIP **GREENSBORO NC 27403**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE  
NAME **SHUJAIRI, MANSHA A**  
STREET ADDRESS **850 U.S. ROUTE**  
CITY - ST - ZIP **N. BRUNSWICK NJ 08902**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE  
NAME **KATTOT, MOHAMMED**  
STREET ADDRESS **444 LAKEVIEW AVENUE**  
CITY - ST - ZIP **CLIFTON NJ 07011**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE  
NAME **ALI, BADI M**  
STREET ADDRESS **2014 WALKER AVENUE**  
CITY - ST - ZIP **GREENSBORO NJ 27403**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(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:

*Haitham Barazani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-96 813-572-9300**

Date: Daytime Phone #

CR2E037 (12/95)