

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90162 030 ****61.25

DOCUMENT # N94000000077

1. Corporation Name

ISLAMIC RESEARCH CENTER, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 3206
PINELLAS PARK FL 33780
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/07/1994

4. FEI Number

59-3217607

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

9. Name and Address of Current Registered Agent

BARAZANJI, HAITHAM G
10538 3RD ST N APT B
ST. PETERSBURG FL 33716

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

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 PD ☐ DELETE
NAME **BARAZANJI, HAITHAM G**
STREET ADDRESS **10538 3RD STREET N., APT. B**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

4/29/99 727-323-3824

Date

Daytime Phone #

CR2E037 (1/98)