

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

95 MAY -1 TH 6:45

TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N94000000600 (6)**  
1. Corporation Name  
**THE ISLAMIC SOCIETY OF SARASOTA AND BRADENTON, INC.**

Principal Place of Business <b>74701 LONGLAKE DRIVE SARASOTA FL 34233</b>	Mailing Address <b>P.O. BOX 20134 BRADENTON FL 34203</b>
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/04/1994</b>	3a. Date of Last Report
4. FBI Number <b>65-0469038</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MOUSSA, SOLIMAN  
4701 LONGLAKE DRIVE  
SARASOTA FL 34233**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	President - T
NAME	Soliman H. MOUSSA
STREET ADDRESS	4701 Longlake Dr.
CITY - ST - ZIP	Sarasota, FL. 34233
TITLE	TREASURER - T
NAME	Toufick ETYEM
STREET ADDRESS	3163 57th Ave. - Civ. E
CITY - ST - ZIP	BRADENTON, FL. 34203
TITLE	VICE PRESIDENT - T
NAME	STEPHEN K BROWN
STREET ADDRESS	7608 19th Ave Dr. West
CITY - ST - ZIP	BRADENTON, FL. 34209
TITLE	OFFICER - T
NAME	YASEN TIRHI
STREET ADDRESS	359 HERNANDO AVE
CITY - ST - ZIP	SARASOTA, FL. 34243
TITLE	SECRETARY - T
NAME	AHMAD MANSOUR
STREET ADDRESS	4300 18th St. W # 305E
CITY - ST - ZIP	BRADENTON, FL. 34207
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>500001486595</b>
1.3 STREET ADDRESS	<b>-05/12/95--01124--010</b>
1.4 CITY - ST - ZIP	<b>*****61.25 *****61.25</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**CH**

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 110.07(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: S. Al-Moussa **SOLIMAN H. MOUSSA** Date: **4/15/95** (Type Name) **813 9231392** (Type Phone #)