

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000000600 (6)**

1. Corporation Name

THE ISLAMIC SOCIETY OF SARASOTA AND BRADENTON, INC.



Principal Place of Business
**4701 LONGLAKE DRIVE
SARASOTA FL 34233**

Mailing Address
**P.O. BOX 17954
BRADENTON FL 34203
SARASOTA, FL 34276**

3. Date Incorporated or Qualified **02/04/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
4350 N. LOCKWOOD RIDGE

2a. Mailing Address
**P.O. Box 17954
SARASOTA, FL 34276**

4. FEI Number **65-0469028-65-0469038** Applied For Not Applicable

22. Suite, Apt. #, etc.

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

23. City & State **Sarasota, FL**

28. City & State **Sarasota, FL**

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

24. Zip **34234**

29. Zip **34276**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **Dr. Rashid Salahuddin**
82. Street Address (P.O. Box Number is Not Acceptable) **1205, 48th Ave. West**
83.
84. City **SARASOTA** FL 85. Zip Code **34233**

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 *Rashid Salahuddin* **RASHID SALAHUDDIN, PRESIDENT 5/9/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MOUSSA, SOLIMAN H	
STREET ADDRESS	4701 LONGLAKE DR.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ETYEM, YOU FICK	
STREET ADDRESS	3163 57TH AVE. CIR. E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, STEPPHEN K	
STREET ADDRESS	3163 57TH AVE. CIR. E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, STEPHEN K	
STREET ADDRESS	7608 19TH AVE. DR. W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	OT	<input checked="" type="checkbox"/> DELETE
NAME	TIRHI, YASEN	
STREET ADDRESS	359 HERNANDO AVE.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MANSOUR, AHMAD	
STREET ADDRESS	4300 18TH ST. W. #305 E.	
CITY-ST-ZIP	BRADENTON FL 34207	

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dr. Rashid Salahuddin	
1.3 STREET ADDRESS	1205, 48 th Ave. West	
1.4 CITY-ST-ZIP	Palmetto, FL 34243	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Haiel Swaity	
2.3 STREET ADDRESS	360 Hernando Ave	
2.4 CITY-ST-ZIP	Sarasota, FL. 34243	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SOLIMAN H. MOUSSA	
3.3 STREET ADDRESS	4701 LONGLAKE DR.	
3.4 CITY-ST-ZIP	SARASOTA, FL. 34233	
4.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ZIAD TAHA	
4.3 STREET ADDRESS	2620 WOODGATE LANE	
4.4 CITY-ST-ZIP	SARASOTA, FL 34231	
5.1 TITLE	MT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AYAD HEMMALI	
5.3 STREET ADDRESS	P.O. BOX 25393	
5.4 CITY-ST-ZIP	SARASOTA, FL 34277	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100001870581	
6.3 STREET ADDRESS	-06/21/96--01008--005	
6.4 CITY-ST-ZIP	***61.25	

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: *S. H. Mansour* **SOLIMAN H. MOUSSA 04/20/96** (941) 923-1392
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)