

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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, I NC.



Principal Place of Business

Mailing Address

4350 N. LOCKWOOD RIDGE RD.
SARASOTA FL 34234

P.O. BOX 17854
SARASOTA FL 34276-0854

3. Date Incorporated or Qualified
02/04/1994

3a. Date of Last Report
06/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0469028³

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALAHUDDIN, RASHID
1205 48TH AVE. WEST
SARASOTA FL 34233

81 Name LIAQUAT ALLARAKHIA

82 Street Address (P.O. Box Number is Not Acceptable)
400. 2715 HERITAGE LANE W

83

84

City BRADENTON

FL

85 Zip Code 34209

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

[Handwritten Signature]

4/4/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT DELETE
NAME SALAHUDDIN, RASHID
STREET ADDRESS 1250 48TH AVE. W
CITY - ST - ZIP PALMETTO FL 34243

1.1 TITLE PT Change Addition
1.2 NAME DR. LIAQUAT ALLARAKHIA
1.3 STREET ADDRESS 2715 HERITAGE LANE W.
1.4 CITY - ST - ZIP BRADENTON, FL 34209

TITLE VT DELETE
NAME SWAITY, HAIEL
STREET ADDRESS 360 HERNANDO AVE.
CITY - ST - ZIP SARASOTA FL 34243

2.1 TITLE VT Change Addition
2.2 NAME RAJAB ALI
2.3 STREET ADDRESS 5507 14th SE W.
2.4 CITY - ST - ZIP BRADENTON, FL 34207

TITLE T DELETE
NAME MOUSSA, SOLIMAN H
STREET ADDRESS 4701 LONGLAKE DR.
CITY - ST - ZIP SARASOTA FL 34233

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

TITLE ST DELETE
NAME TAHA, ZIAD
STREET ADDRESS 2620 WOODGATE LANE
CITY - ST - ZIP SARASOTA FL 34231

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

TITLE MT DELETE
NAME HEMMALI, AYAD
STREET ADDRESS P.O. BOX 25393
CITY - ST - ZIP SARASOTA FL 34277

5.1 TITLE MT Change Addition
5.2 NAME MAHOMED SHIRAZ S. HASSAN
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 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.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOLIMAN H. MOUSSA 4/4/97

Date

Daytime Phone # 0064095

(941) 923-1392

CR2E037 (9/96)