

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000600 (6)
1. Corporation Name
THE ISLAMIC SOCIETY OF SARASOTA AND BRADENTON, INC. NC.

Principal Place of Business 4950 N. LOCKWOOD RIDGE RD. SARASOTA FL 34234	Mailing Address P.O. BOX 17854 SARASOTA FL 34276
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3. Date incorporated or Qualified 02/04/1984	
4. FEI Number 65-0469038	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ALLARAKHIA, LIAQUAT
2715 HERTIAGE LANE W
BRADENTON FL 34209

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

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]* **LIAQUAT ALLARAKHIA** DATE: **3/29/98.**

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ALLARAKHIA, DR LIAQUAT	
STREET ADDRESS	2715 HERTIAGE LANE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ALI, RAJAB	
STREET ADDRESS	5507 14TH ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOUSSA, SOLIMAN H	
STREET ADDRESS	4701 LONGLAKE DR.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	TAHA, ZIAD	
STREET ADDRESS	2620 WOODGATE LANE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	MT	<input type="checkbox"/> DELETE
NAME	HASSAN, MAHOMED SHIRAZ	
STREET ADDRESS	P.O. BOX 25393	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ST ALI, FUAD
4.3 STREET ADDRESS	4058 GATEWOOD DR.
4.4 CITY-ST-ZIP	SARASOTA, FL 34232
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	

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.

SIGNATURE: *[Signature]* **LIAQUAT ALLARAKHIA** **3/29/98** **(941) 795-5009**

CR2E037 (10/97)