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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N94000000600**

1. Corporation Name

THE ISLAMIC SOCIETY OF SARASOTA AND BRADENTON, INC.

Principal Place of Business

4350 N. LOCKWOOD RIDGE RD.
 SARASOTA FL 34234

Mailing Address

P.O. BOX 17954
 SARASOTA FL 34276



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/04/1994

22 City & State

27 City & State

4. FEI Number

65-0469038

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLARAKHIA, LIAQUAT
 2715 HERTIAGE LANE W
 BRADENTON FL 34209

81 Name **Jaber, Hassan**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1568 Landing Terrace**

84 City **Sarasota**

85 Zip Code **FL 34231**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** DELETE
 NAME **ALLARAKHIA, DR LIAQUAT**
 STREET ADDRESS **2715 HERTIAGE LANE W**
 CITY-ST-ZIP **BRADENTON FL**

1.1 TITLE **PT** Change Addition
 1.2 NAME **JABER, HASSAN**
 1.3 STREET ADDRESS **1568 LANDING TERRACE**
 1.4 CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **VT** DELETE
 NAME **ALI, RAJAB**
 STREET ADDRESS **5507 14TH ST W**
 CITY-ST-ZIP **BRADENTON FL**

2.1 TITLE **VT** Change Addition
 2.2 NAME **E.T. YEM, TOUFICK**
 2.3 STREET ADDRESS **3163 5TH AVE. CIR E**
 2.4 CITY-ST-ZIP **BRADENTON, FL 34203**

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 **ALI, FUAD**
 STREET ADDRESS **4058 GATEWOOD DR**
 CITY-ST-ZIP **SARASOTA FL 34232**

4.1 TITLE **ST** Change Addition
 4.2 NAME **HASSAN, HUSSEIN**
 4.3 STREET ADDRESS **6425 39TH AVE WEST**
 4.4 CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **MT** DELETE
 NAME **HASSAN, MAHOMED SHIRAZ**
 STREET ADDRESS **P.O. BOX 25393**
 CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE Change Addition
 5.2 NAME
 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 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 FLOWNED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 745-7351
 Date Daytime Phone #

CR2F037-14/98