


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State

04-12-2006 90103 029 ****61.25

DOCUMENT # N94000000600 1. Entity 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 50294 SARASOTA FL 34232	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0469038		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHAN, ADRIS H 4350 N LOCKWOOD RIDGE RD SARASOTA FL 34234		7. Name and Address of New Registered Agent Name MOUSSA, SOLIMAN Street Address (P.O. Box Number is Not Acceptable) 4350 N. LOCKWOOD RIDGE RD City SARASOTA FL Zip Code 34234	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> Date 4/21/06 <small>Signature required on printed form of registered agent and filer. (NOTE: Registered Agent signature is required when re-appointing) File Fee</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P KHAN, ADRIS H <input checked="" type="checkbox"/> Delete	STREET ADDRESS 4350 N LOCKWOOD RIDGE RD SARASOTA FL 34234	TITLE NAME DIRECTOR ABDEL HAMID HAMMAMI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 4350 N. LOCKWOOD RIDGE RD. SARASOTA, FL 34285
TITLE NAME D SWWAIFY, HAJEL <input type="checkbox"/> Delete	STREET ADDRESS 4350 N LOCKWOOD RIDGE RD SARASOTA FL 34234	TITLE NAME PRESIDENT SAMIR KHATIB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 4350 N. LOCKWOOD RIDGE RD SARASOTA, FL 34234
TITLE NAME D HYPHAM, BAKR <input type="checkbox"/> Delete	STREET ADDRESS 4350 N LOCKWOOD RIDGE RD SARASOTA FL 34234	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D KHATIB, SAMIR Y <input checked="" type="checkbox"/> Delete	STREET ADDRESS 4350 N LOCKWOOD RIDGE RD SARASOTA FL 34234	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD MOUSSA, SOLIMAN H <input type="checkbox"/> Delete	STREET ADDRESS 4350 N LOCKWOOD RIDGE RD SARASOTA FL 34234	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S BAIG, MOHAMMAD <input type="checkbox"/> Delete	STREET ADDRESS 4350 N LOCKWOOD RIDGE RD SARASOTA FL 34234	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Soliman H. Moussa <i>[Signature]</i>		Date: 6/9/06 (941) 923-1392	