


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90031 023 ****70.00

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1. Entity Name
THE ISLAMIC SOCIETY OF SARASOTA AND BRADENTON, INC.



Principal Place of Business Mailing Address
4350 N. LOCKWOOD RIDGE RD. SARASOTA FL 34234 **P.O. BOX 50294 SARASOTA FL 34232**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

1st MOORE CR2E037 (10/07)

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

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

6. Name and Address of Current Registered Agent
SOLIMAN, MOUSSA
4350 N LOCKWOOD RIDGE RD
SARASOTA FL 34234

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *S. N. Soliman Treasurer* DATE **1/28/08**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when registering)

FILE NOW... FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KHAN, ADRIS H	
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUWAITY, HAIEL	
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABRAHAM, WADAI	
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	P	<input type="checkbox"/> Delete
NAME	ETYEM, TOUFICK	
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOUSSA, SOLIMAN H	
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	S	<input type="checkbox"/> Delete
NAME	ASHFAQ, FATMI A	
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34234	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUADIR, A RIF	
STREET ADDRESS	4350 N. LOCKWOOD RIDGE RD	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOUNIARI, NOUREDDINE	
STREET ADDRESS	4350 N. LOCKWOOD RIDGE RD	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ali, FUAD	
STREET ADDRESS	4350 N. LOCKWOOD RIDGE RD.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *S. N. Soliman* DATE: **1/28/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR