

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 14, 2004
Secretary of State**

DOCUMENT# N99000004258

Entity Name: NORTH PINELLAS COUNTY MOSQUE, INC.

Current Principal Place of Business:

P.O. BOX 1487
OLDSMAR, FL 34677

New Principal Place of Business:

1425 MAIN ST.
SUITE M
DUNEDIN, FL 34698

Current Mailing Address:

P.O. BOX 1487
OLDSMAR, FL 34677

New Mailing Address:

1425 MAIN ST.
C/O: SUBWAY
DUNEDIN, FL 34698

FEI Number: 59-3586813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KADOURA, BRUCE
4935 POINTE CIRCLE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

HAMID, M. A
3014 SAVANNAH OAKS CIR.
TARPON SPRINGS, FL 34688 US

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.

SIGNATURE: M A HAMID

08/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KADAOVRA, BRUCE
Address: 4935 POINTE CIRCLE
City-St-Zip: OLDSMAR, FL

Title: S () Delete
Name: ABUKAF, KHALIS
Address: 1425 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

Title: T () Delete
Name: HAMID, MARK A
Address: 3014 SAVANNAH OAKS CIR.
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: MERCHANT, AZIZ
Address: 1936 DUNLOE CIRCLE
City-St-Zip: DUNEDIN, FL

Title: O (X) Change () Addition
Name: ABUKAF, KHALID
Address: 1425 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M A HAMID

O

08/14/2004

Electronic Signature of Signing Officer or Director

Date