

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000600

Entity Name: THE ISLAMIC SOCIETY OF SARASOTA AND BRADENTON, INC.**Current Principal Place of Business:**4350 N. LOCKWOOD RIDGE RD.
SARASOTA, FL 34234**Current Mailing Address:**P.O. BOX 50294
SARASOTA, FL 34232**FEI Number:** 65-0469038**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HASSAN, MAHOMED SHIRAZ
4350 N LOCKWOOD RIDGE RD
SARASOTA, FL 34234 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:** MAHOMED SHIRAZ HASSAN

02/15/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HASSAN, MAHOMED SHIRAZ
Address P.O. BOX 50294
City-State-Zip: SARASOTA FL 34232

Title SECRETARY
Name HASSAN, HARES F
Address P.O. BOX 50294
City-State-Zip: SARASOTA FL 34232

Title TREASURER
Name GOMAA, IBRAHIM R
Address P.O. BOX 50294
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name ADRIS , KHAN H
Address P.O. BOX 50294
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name ELBAHRI, YOUSSEF
Address 4350 N. LOCKWOOD RIDGE RD.
City-State-Zip: SARASOTA FL 34234

Title VP
Name ETYEM, TOUFICK
Address P.O. BOX 50294
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name FATMI, ASHFAQ S
Address P.O. BOX 50294
City-State-Zip: SARASOTA FL 34232

I hereby 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 all other like empowered.

SIGNATURE: GOMAA IBRAHIM

TREASURER

02/15/2017

Electronic Signature of Signing Officer/Director Detail

Date