

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003922

Entity Name: ISTIQAAMAH FOUNDATION, INC.**Current Principal Place of Business:**6630 PERSHING AVENUE
ORLANDO, FL 32822**Current Mailing Address:**6630 PERSHING AVENUE
ORLANDO, FL 32822 US**FEI Number:** 20-2286132**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ABDURRASHID, BILAL
2412 HIBBARD TRAIL
CHULUOTA, FL 32766 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HASAN, TALIB
Address 11444 VILLAGE BROOK DRIVE
City-State-Zip: RIVERVIEW FL 33579

Title DIRECTOR
Name ABDURRASHID, BILAL
Address 2412 HIBBARD TRAIL
City-State-Zip: CHULUOTA FL 32766

Title DIRECTOR
Name RIAD, ASHRAF DR.
Address 908 HORSESHOE FALLS DRIVE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name GHARNIT, MOHAMED
Address 190 WRIGHTS BROOK DRIVE
City-State-Zip: SOMERS CT 06071

Title DIRECTOR
Name HASAN, AMIR
Address 7249 WINDHAM HARBOUR AVENUE
City-State-Zip: ORLANDO FL 32829

Title DIRECTOR
Name SMITH, RONALD JR.
Address 2209 WAUKEGAN DRIVE
City-State-Zip: KISSIMMEE FL 35758

Title DIRECTOR
Name CAZALAS, JONATHAN DR.
Address 4045 PRIMA LAGO CIRCLE
City-State-Zip: LAKELAND FL 33810

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: BILAL ABDURRASHID**DIRECTOR AND
REGISTERED AGENT****04/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date