


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000006582	
<b>1. Entity Name</b> MASJID BILAL OF CLEARWATER, INC.	

<b>Principal Place of Business</b> 1028 N. MADISON AVE. CLEARWATER, FL 33755	<b>Mailing Address</b> 1028 N. MADISON AVE. CLEARWATER, FL 33755
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**DO NOT WRITE IN THIS SPACE**



01112004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-3687438	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

ABDUR-RAHIM, MUHAMMAD  
1028 N. MADISON AVE.  
CLEARWATER, FL 33755

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IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	CD
<b>NAME</b>	YACUB, BILAL
<b>STREET ADDRESS</b>	1800 PALMETTO ST
<b>CITY-ST-ZIP</b>	CLEARWATER, FL 33755
<b>TITLE</b>	D
<b>NAME</b>	ABDUR-RAHIM, MUHAMMAD
<b>STREET ADDRESS</b>	1028 N. MADISON AVE.
<b>CITY-ST-ZIP</b>	CLEARWATER, FL 33755
<b>TITLE</b>	STD
<b>NAME</b>	MCGILL, WILSON
<b>STREET ADDRESS</b>	1626 N. GREENWOOD AVE.
<b>CITY-ST-ZIP</b>	CLEARWATER, FL 33755
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**12.** I hereby certify that the information supplied with this filing does not qualify 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 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** Muhammad Abdur-Rahim, Director **727**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **01-11-04** **443-6980**  
Date Daytime Phone #