

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001322 (6)

1. Corporation Name

BISMILLAH ISLAMIC CULTURAL CENTER, INC.



Principal Place of Business

Mailing Address

C/O NAHEEM R. MUHAMMAD
1701 W SITKA STREET
TAMPA FL 33604

DAVID H. RASHIED
BISMILLAH ISLAMIC C.C.
P.O. BOX 291921
1906 E. WILDER AVE TAMPA FL 33687
TAMPA FL 33610

3. Date Incorporated or Qualified
03/16/1994

3a. Date of Last Report
08/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3138544

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUHAMMAD, NAHEEM R.
1701 W SITKA STREET
TAMPA FL 33604

DAVID H. RASHIED
1906 E. WILDER AVE
TAMPA FL 33610

81 Name

N/A DAVID H. RASHIED

82 Street Address (P.O. Box Number is Not Acceptable)

1906 E. WILDER AVE

83

84 City

TAMPA

FL

85 Zip Code

33610

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

David H. Rashied

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

5-28-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ALI-AKBAR
STREET ADDRESS 3614 E OSBORNE AVE
CITY-ST-ZIP TAMPA FL 33610 ☒ DELETE

TITLE ST
NAME MUHAMMAD, NAHEEM R
STREET ADDRESS 1701 W SITKA STREET
CITY-ST-ZIP TAMPA FL 33604 ☒ DELETE

TITLE VD
NAME SALAAM, ABDUL R
STREET ADDRESS 3102 24TH AVE
CITY-ST-ZIP TAMPA FL 33605 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE SBC. 1 TR. ASUM ☒ Change ☐ Addition
12 NAME DAVID H. RASHIED
13 STREET ADDRESS 1906 E. WILDER AVE
14 CITY-ST-ZIP TAMPA FL 33610

21 TITLE P.D. ☒ Change ☐ Addition
22 NAME ABDUL WAHAB
23 STREET ADDRESS 13902 N. 15TH ST APTA
24 CITY-ST-ZIP TAMPA FL 33613

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE 600001857986 ☐ Change ☐ Addition
52 NAME -06/11/96--01073--014
53 STREET ADDRESS ***61.25
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

See Page David H. Rashied

Date

Daytime Phone #

4-30-96 (813) 237-1294

CR2E037 (12/95)