

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003922

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: ISTIQAAMAH FOUNDATION, INC.

## Current Principal Place of Business:

6630 PERSHING AVENUE  
ORLANDO, FL 32822 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 721324  
ORLANDO, FL 32872 US

## New Mailing Address:

FEI Number: 20-2286132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABDURRASHID, BILAL  
2412 HIBBARD TRAIL  
CHULUOTA, FL 32766 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ABDUL-AHAD, SAIFUL-ISLAM  
Address: 7912 PINE CROSSING CIRCLE, APT. 621  
City-St-Zip: ORLANDO, FL 32875

Title: D ( ) Delete  
Name: ABDURRASHID, BILAL  
Address: 2412 HIBBARD TRAIL  
City-St-Zip: CHULUOTA, FL 32766

Title: D ( ) Delete  
Name: ALI, SHAHEED  
Address: 3000 ILLINGSWORTH AVE  
City-St-Zip: ORLANDO, FL 32806

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ABDUL-AHAD, SAIFUL-ISLAM  
Address: 4673 PATRICK LANE  
City-St-Zip: COCOA, FL 32927

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

Title: D (X) Change ( ) Addition  
Name: AL-HADAD, DAWUD  
Address: 1497 POPPY AVENUE  
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BILAL ABDURRASHID

D

04/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date