

**2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N18000003442

**Entity Name:** BILAL IBN RABAH ISLAMIC CENTER INC

**Current Principal Place of Business:**

4630 SOUTH KIRKMAN ROAD  
NO 301  
ORLANDO, FL 32811-2833

**Current Mailing Address:**

4630 SOUTH KIRKMAN ROAD  
NO 301  
ORLANDO, FL 32811-2833 US

**FEI Number:** 82-4947476

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BILAL IBN RABAH ISLAMIC CENTER  
16400 CAGAN CROSSINGS BLVD.  
SUITE 109  
CLERMONT, FL 34714 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:** LUQMAN ABDUSH-SHAHID

04/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ABDUSH-SHAHID, LUQMAN  
Address        16400 CAGAN CROSSINGS BLVD.  
                 SUITE 109  
City-State-Zip: CLERMONT FL 34714  
  
Title            TREASURER  
Name            HASAAN, INTISAR  
Address        8132 LAKE PARK ESTATES BLVD  
City-State-Zip: ORLANDO FL 32818

Title            VP  
Name            SHABAZZ, ABDUL  
Address        16529 ARROWHEAD TRAIL  
City-State-Zip: CLERMONT FL 34711  
  
Title            SECRETARY  
Name            ABDUR-RAHMAN, YAZID  
Address        944 BLACKTHORN DRIVE  
City-State-Zip: APOPKA FL 32703

*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:** LUQMAN ABDUSH-SHAHID

IMAM

04/02/2020

Electronic Signature of Signing Officer/Director Detail

Date