

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003525

**Entity Name:** AL-MUHMIN ISLAMIC CENTER, INC.

**Current Principal Place of Business:**

2410 N.W. 93 STREET  
MIAMI, FL 33147

**Current Mailing Address:**

2410 N.W. 93 STREET  
MIAMI, FL 33147 US

**FEI Number:** 65-0446430

**Certificate of Status Desired:** No

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

KOTUN, KASALI  
967 NW 206 TERR  
MIAMI GARDENS, FL 33169 US

**FILED**  
**Apr 25, 2023**  
**Secretary of State**  
**5734012950CC**

*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:** KASALI KOTUN

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KOTUN, KASALI MR  
Address        967 NW 206 TERR  
City-State-Zip: MIAMI FL 33169

Title            VP  
Name            OLANREWAJU, SHERI MRS  
Address        2615 SW 81 TERR  
                  2593  
City-State-Zip: MIRAMAR FL 33025

Title            FINANCIAL SECRETARY  
Name            ADEDIRAN, TAOFEEK A MR  
Address        18900 NW 10TH COURT  
City-State-Zip: MIAMI FL 33161

Title            PRO - FEMALE  
Name            ABDULKAREEM, FAIDAT Y MS  
Address        1749 SW 81 TERR  
City-State-Zip: DAVIE FL 33324

Title            CUSTODIAN, MALE  
Name            RAS-JAHALLAH, SHABAZZ T MR.  
Address        1460 NW 89 STR  
City-State-Zip: MIAMI FL 33149

Title            GENERAL SECRETARY  
Name            IBRAHIM, AFEEZ MR  
Address        21091 NW 22 AVE  
                  235  
City-State-Zip: MIAMI GARDENS FL 33056

Title            PRO - MALE  
Name            ADETUNJI, HAZEEM B MR.  
Address        2550 SW 18 TERR  
                  2115  
City-State-Zip: FORT LAUDERDALE FL 33315

Title            ASSISTANT TREASURER  
Name            ABDULKAREEM, KAREEMOT A MRS  
Address        1749 SW 81 TERRACE  
City-State-Zip: DAVIE FL 33324

**Continues on page 2**

*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:** KASALI KOTUN

**PRESIDENT**

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name ASHALEYE, MOJEED MR  
Address 1305 NE 146 STR  
City-State-Zip: MIAMI FL 33161

Title IMAM  
Name IBRAHIM, LATEEF MR  
Address 2410 NW 193RD STREET  
City-State-Zip: MIAMI FL 33147

Title TREASURER  
Name ADETUNJI, MUFUTAU A MR  
Address 5200 NW 18 PL  
City-State-Zip: LAUDERHILL FL 33313

Title CUSTODIAN, FEMALE  
Name KONATE, AISSATOU  
Address 2601 NW 16TH STREET  
539  
City-State-Zip: MIAMI FL 33125