

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751481

FILED
Jan 09, 2008
Secretary of State

Entity Name: ALBANIAN ISLAMIC CULTURAL CENTER, INC.

Current Principal Place of Business:

225 N FT. HARRISON AVE
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

225 N FT. HARRISON AVE
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-2018523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TZEKAS, RAIM
255 BAYSIDE DRIVE
CLEARWATER BEACH, FL 33767 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: PD () Delete
Name: DOVOLANI, MUNIR
Address: 11903 GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD () Delete
Name: ZILBEHARI, RAMADAN
Address: 2592 WILDWOOD LN
City-St-Zip: PALM HARBOR, FL

Title: SD () Delete
Name: SPAHIU, ISUF
Address: 104 ORION AVE CLW
City-St-Zip: CLEARWATER, FL 33765

Title: TD () Delete
Name: BALLA, SHEMZI
Address: 215 BAYSIDE DR
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: IDRIZI, MITAT
Address: 510 ISLAND WAY
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D () Delete
Name: ABOULAI, NAIM
Address: 2100 MCENLY RD.
City-St-Zip: CLEARWATER, FL 33675

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: TZEKAS, IMER
Address: 235 BAYSIDE DR
City-St-Zip: CLEARWATER, FL 33755

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

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

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: MITAT IDRIZI

D

01/09/2008

Electronic Signature of Signing Officer or Director

Date