## F98000000933

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100220550151

02/07/12--01008--013 \*\*35.00



alson alson

## **COVER LETTER**

SUBJECT: Ghassan Alameddine (Name of Corporation) F9800000933 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jamal Bilal (Name of Person) Association of Islamic Charitable Projects (Name of Firm/Company) 2820 Griffin Road (Address) Fort Lauderdale/Florida/33812 (City/State and Zip Code) For further information concerning this matter, please call: Ghassan Alameddine (Name of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Ghassan Alameddine	, hereby resign as SD	
7	(Title)	_
of Association Of Islamic Charita	ble Projects Inc.	,
(Name	of Corporation)	
F9300000933 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	LLAHASSEE, FI	FMED
	Cleur of resigning officer/director)	
Note: my name on THE OF	re was mispelled, Houleyo	W r

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314