

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

07 NOV 29 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N99000000207**

1. Entity Name  
ALBIR ISLAMIC ASSOCIATION, INC.



Principal Place of Business  
3496 POLYNESIAN ISLE  
KISSIMMEE, FL 34746

Mailing Address  
PO BOX 22594  
LAKE BUENA VISTA, FL 32830

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
3496 POLYNESIAN ISLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
KISSIMMEE, FL

City & State  
KISSIMMEE, FL

Zip  
34746

Country  
USA

Zip  
34746

Country  
USA



11-30-07

11162007 CHS NP CR2E037 (12/06)

5. FET Number  
59-3598351

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOHAMMAD, BAKER  
4111 FOXTAIL COURT  
KISSIMMEE, FL 34746

7. Name and Address of New Registered Agent

Name  
RABIAH, YAHYA

Street Address (P.O. Box Number is Not Acceptable)  
3496 POLYNESIAN ISLE

City  
KISSIMMEE

FL

Zip Code  
34746

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE BAKER 11/16/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOHAMMAD, BAKER 4111 FOXTAIL ST. KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RABIAH, YAHYA 3496 POLYNESIAN ISLE KISSIMMEE, FL 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORCH, ELSAYAD 13546 FALCON POINT ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABDARI, MOHAMED 3496 POLYNESIAN ISLE KISSIMMEE, FL 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENCHICH, AHMED 5318 BEARFOOT BATH KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEIWAN, TAISSER 3496 POLYNESIAN ISLE KISSIMMEE, FL 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASHAMI, SYAD 3496 POLYNESIAN ISLE KISSIMMEE, FL 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMAALI, JAMAL 3496 POLYNESIAN ISLE KISSIMMEE, FL 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800112805108 12/04/07--01012--019 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BAKER 11/16/07 321-624-2479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #