

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751481

Entity Name: ALBANIAN ISLAMIC CULTURAL CENTER, INC.**Current Principal Place of Business:**225 N FT. HARRISON AVE
CLEARWATER, FL 33755**Current Mailing Address:**225 N FT. HARRISON AVE
CLEARWATER, FL 33755 US**FEI Number:** 59-2018523**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TZEKA, IMER
231 BAYSIDE DRIVE
CLEARWATER BEACH, FL 33767 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	GJALOSHI, ISMET
Address	113 14TH STREET
City-State-Zip:	BELLEAIR FL 33786

Title	VPD
Name	ABDULLAJ, NAIM
Address	2100 MCKINLEY STREET
City-State-Zip:	CLEARWATER FL 33765

Title	PD
Name	TZEKA, IMER
Address	231 BAYSIDE DRIVE
City-State-Zip:	CLEARWATER BEACH FL 33767

Title	STD
Name	SEMSSEDIN, MYNYR
Address	1245 BLACKRUSH DR.
City-State-Zip:	TARPON SPRINGS FL 34689

Title	ASTD
Name	REXHEPI, FADIL
Address	1370 FRANKLIN STREET
City-State-Zip:	CLEARWATER FL 33765

Title	D
Name	SHALA, SHPEND
Address	2423 HARN BLVD.
City-State-Zip:	CLEARWATER FL 33765

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: MYNYR SEMSSEDIN**SECRETARY****04/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date