

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000207

Entity Name: ALBIR ISLAMIC ASSOCIATION, INC.**Current Principal Place of Business:**4870 OLD TAMPA HWY
KISSIMMEE, FL 34758**Current Mailing Address:**4870 OLD TAMPA HWY
KISSIMMEE, FL 34758**FEI Number:** 59-3598351**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HASSOUNEH, JAMAL A
4870 OLD TAMPA HWY
KISSIMMEE, FL 34758 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	VPD
Name	ABDARI, MOHAMED
Address	4870 OLD TAMPA HWY
City-State-Zip:	KISSIMMEE FL 34758

Title	D
Name	HASHAMI, SYAD
Address	4870 OLD TAMPA HWY
City-State-Zip:	KISSIMMEE FL 34758

Title	D
Name	JABER, NYRABEAH
Address	4870 OLD TAMPA HWY
City-State-Zip:	KISSIMMEE FL 34758

Title	D
Name	ABDELKABIR, IMAMI
Address	4870 OLD TAMPA HWY
City-State-Zip:	KISSIMMEE FL 34758

Title	PD
Name	HASSOUNEH, JAMAL A
Address	4870 OLD TAMPA HWY
City-State-Zip:	KISSIMMEE FL 34758

Title	D
Name	TALAL, HAJ HAMDO
Address	4870 OLD TAMPA HWY
City-State-Zip:	KISSIMMEE FL 34758

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: ABDELKABIR IMAMI**DIRECTOR****03/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date