

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000473

1. Entity Name
AN-NASR SOCIAL SERVICES CENTER, INC.



FILED

04 OCT -8 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2241 COMMONWEALTH AVE
JACKSONVILLE, FL 32206

Mailing Address
1537 WIGMORE STREET
JACKSONVILLE, FL 32206

[Handwritten Signature]



06242004 No Chg-NP CR2F037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3379007	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUHAMMAD, ROBERT A.W.
1537 WIGMORE STREET
JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE

B. 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 _____ DATE _____
Signature, Name of Registered Agent, and Date of Signature (NOTE: Registered Agent Signature Required) Address (if any)

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUHAMMAD, ROBERT A.W.
STREET ADDRESS	1537 WIGMORE STREET
CITY-STATE-ZIP	JACKSONVILLE, FL 32206
TITLE	D
NAME	SADDIQUE, IS-HAK
STREET ADDRESS	P.O BOX 52762
CITY-STATE-ZIP	JACKSONVILLE, FL 32201
TITLE	D
NAME	ABOUL-HAMEED, SIDDIQ
STREET ADDRESS	8862 SCOTTWOOD DR W
CITY-STATE-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

400041704664
10/08/04--01017--013 **\$61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 filers empowered.

SIGNATURE: *Robert Muhammad* Jacksonville *9/24/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date