

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 13, 2009  
Secretary of State**

DOCUMENT# N95000000473

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

**Current Principal Place of Business:**

2241 COMMONWEALTH AVE  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1537 WIGMORE STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 59-3379007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MUHAMMAD, ROBERT A.W.  
Address: 1537 WIGMORE STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D      ( ) Delete  
Name: SADDIQUE, IS-HAK  
Address: P.O BOX 52762  
City-St-Zip: JACKSONVILLE, FL 32201

Title: D      ( ) Delete  
Name: ABDUL-HAMEED, SIDDIQ  
Address: 435 CLARK RD SUITE 408-7  
City-St-Zip: JACKSONVILLE, FL 32208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ABDUL-HAMEED SIDDIQ

D

02/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date