

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000473

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**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  
Name: MUHAMMAD, ROBERT A.W.  
Address: 1537 WIGMORE STREET  
City-St-Zip: JACKSONVILLE, FL 32206

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

Title: D  
Name: ABDUL-HAMEED, SIDDIQ  
Address: 4720 SALISBURY RD SUITE 244  
City-St-Zip: JACKSONVILLE, FL 32256

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: ABDULHAMEED SIDDIQ

D

01/10/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date