

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004688

FILED
Mar 09, 2009
Secretary of State

Entity Name: AMERICAN MUSLIM WELFARE ORGANIZATION, INC.

Current Principal Place of Business:

4760 NE 27TH AVE
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

PO BOX 11984
FT LAUDERDALE, FL 33339

New Mailing Address:

FEI Number: 65-0701462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSSAIN, SYED IQBAL DR
4760 NE 27TH AVE
FORT LAUDERDALE, FL 33308 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: C () Delete
Name: HUSAIN, SYED M. IQBAL DR
Address: 4760 NE 27TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: P () Delete
Name: HAQ, SALEEM A DR
Address: 8130 NW 47TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: T () Delete
Name: SIDDIQUI, MOHAMMAD A
Address: 12340 TIFTON CT
City-St-Zip: BOCA RATON, FL 33428

Title: S () Delete
Name: ILLYAS, MOHD
Address: 21290 HAZELWOOD LN
City-St-Zip: BOCA RATON, FL 33428

Title: BM () Delete
Name: IQBAZ, MOHD
Address: 8200 NW 40TH CT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: BM () Delete
Name: HAROON, ANWAR
Address: 9795 NW 48TH DR
City-St-Zip: CORAL SPRINGS, FL 33076

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:

Title: S (X) Change () Addition
Name: ILLYAS, MOHAMMAD DR
Address: 4413 WOODFIELD DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: BM (X) Change () Addition
Name: IQBAL, MOAMMAD
Address: 8200 NW 40TH CT
City-St-Zip: CORAL SPRINGS, FL 33065

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: SYED M. IQBAL HUSSAIN MD

CHAR

03/09/2009

Electronic Signature of Signing Officer or Director

Date