

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000473

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

**Current Principal Place of Business:**

2241 COMMONWEALTH AVE  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

2241 COMMONWEALTH AVE  
JACKSONVILLE, FL 32209

**FEI Number:** 59-3379007

**Certificate of Status Desired:** No

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

MUHAMMAD, ROBERT A  
2241 COMMONWEALTH AVENUE  
JACKSONVILLE, FL 32209 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 D  
Name MUHAMMAD, ROBERT A.W.  
Address 2241 COMMONWEALTH AVE  
City-State-Zip: JACKSONVILLE FL 32209

Title D  
Name KHALID, ABDULLAH R  
Address 3318 FITZGERALD ST  
City-State-Zip: JACKSONVILLE FL 32254

Title D  
Name FENWICK, GARY  
Address 6574 ECTOR RD  
City-State-Zip: JACKSONVILLE FL 32211

Title D  
Name LEE, RICKY  
Address 274 TALLULAH AVE  
City-State-Zip: JACKSONVILLE FL 32208

*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:** MUHAMMAD, ROBERT A. W.

**DIRECTOR**

**04/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date