

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004688

**Entity Name:** AMERICAN MUSLIM WELFARE ORGANIZATION, INC.**Current Principal Place of Business:**4760 NE 27TH AVE  
FORT LAUDERDALE, FL 33308**Current Mailing Address:**PO BOX 11984  
FT LAUDERDALE, FL 33339 US**FEI Number:** 65-0701462**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUSSAIN, SYED DR  
4760 NE 27TH AVE  
FORT LAUDERDALE, FL 33308 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:** SYED HUSSAIN

02/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	C
Name	HUSSAIN, SYED IQBAL
Address	4760 NE 27TH AVE
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	T
Name	IQBAL, MOAMMED
Address	8200 NW 40TH CT
City-State-Zip:	CORAL SPRINGS FL 33065

Title	P
Name	HAQ, SALEEM A DR.
Address	8130 NW 47TH DRIVE
City-State-Zip:	CORAL SPRINGS FL 33067

Title	S
Name	ILYAS, MOHAMMED DR.
Address	4413 WOODFIELD DRIVE
City-State-Zip:	BOCA RATON FL 33434

Title	BM
Name	PIRZADA, NILOFUR
Address	3480 BIRCH TER
City-State-Zip:	DAVIE FL 33330

*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:** SYED HUSSAIN**CHAIRMAN**

02/24/2023

Electronic Signature of Signing Officer/Director Detail

Date