

**2015 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**FEI Number:** 65-0701462**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HUSSAIN, SYED IQBAL 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title T  
Name SIDDIQUI, MOHAMMAD A  
Address 12340 TIFTON CT  
City-State-Zip: BOCA RATON FL 33428

Title S  
Name ILLYAS, MOHAMMAD DR  
Address 4413 WOODFIELD DRIVE  
City-State-Zip: BOCA RATON FL 33434

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

Title BM  
Name NELOFUR, PIRZADA  
Address 9795 NW 48TH DR  
City-State-Zip: CORAL SPRINGS FL 33076

Title BM  
Name HAROON, ANWAR  
Address 9795 48TH DRIVE  
City-State-Zip: CORAL SPRINGS FL 33076

*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: MOHAMMAD A SIDDIQUI****TREASURER****02/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date