

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002267

FILED
Mar 06, 2006
Secretary of State

Entity Name: MUSLIM SOCIAL SERVICES, INC.

Current Principal Place of Business:

1586 N. GOLDENROD ROAD
A
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 338
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 59-3647427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUSRI, MUHAMMAD
1089 N. GOLDENROD RD.
ORLANDO, FL 32807 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: PD () Delete
Name: MUSRI, MUHAMMAD
Address: 1089 N. GOLDENROD RD.
City-St-Zip: ORLANDO, FL 32807

Title: SD () Delete
Name: GIBBS, W. ERNEST
Address: 3378 HILLMONT CIR.
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: KASU, ABDULLATIF
Address: 8008 COTE CT.
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: AKHTAR, SHAHEDA
Address: 4564 THORNLEA RD.
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: ZAMAN, AHMADI B
Address: 412 BARCLAY CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: THAKUR, MURAD
Address: 9905 LAKE GEORGIA DR.
City-St-Zip: ORLANDO, FL 32817

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ASSIM, MOHAMMED
Address: 1210 SARAH ST.
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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: MUHAMMAD MUSRI

PRES

03/06/2006

Electronic Signature of Signing Officer or Director

Date