

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002267

FILED  
Feb 16, 2010  
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: PCD  
Name: MUSRI, MUHAMMAD  
Address: 1089 N. GOLDENROD RD.  
City-St-Zip: ORLANDO, FL 32807

Title: SD  
Name: GIBBS, W. ERNEST  
Address: 9574 BENNINGTON CHASE DR.  
City-St-Zip: ORLANDO, FL 32829

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

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

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

Title: D  
Name: ASSIM, MOHAMMED  
Address: 1210 SARAH ST.  
City-St-Zip: LONGWOOD, FL 32750

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 MUSRI

PRES

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date