

2004 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000473**

1. Entity Name

AN-NASR SOCIAL SERVICES CENTER, INC.**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90314 006 ****61.25

00106 3

Principal Place of Business

**2241 COMMONWEALTH AVE
JACKSONVILLE FL 32206**

Mailing Address

**1537 WIGMORE STREET
JACKSONVILLE FL 32206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3379007

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUHAMMAD, ROBERT A.W.
1537 WIGMORE STREET
JACKSONVILLE FL 32206**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MUHAMMAD, ROBERT A.W.**
STREET ADDRESS **1537 WIGMORE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32206**TITLE **Abdullah M. Wali-uddin** ☐ Change ☒ Addition
NAME **5959 FT. CAROLINE RD #2807**
STREET ADDRESS **JACKSONVILLE, FL 32277**
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SADDIQUE, IS-HAK**
STREET ADDRESS **1330 LACLEDE AVENUE, APT. 129**
CITY-ST-ZIP **JACKSONVILLE FL 32205**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **CRAWFORD, CHRISTOPHER S**
STREET ADDRESS **8862 SCOTT WOODS DR. W.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)