

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732767 (9)
1. Corporation Name

KAZAH TEMPLE #149 OF MIAMI, FLORIDA - A. E. A. O. N. M. S. OF N. AND S. AMERICA AND ITS JURIDIC



Principal Place of Business: P.O. BOX 2515 OPA LOCKA FL 33055
Mailing Address: P.O. BOX 2515 OPA LOCKA FL 33055

3. Date Incorporated or Qualified: **05/12/1975**
3a. Date of Last Report: **04/18/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country			

9. Name and Address of Current Registered Agent

**KAZAH TEMPLE #149
P.O. BOX 2515
CAROL CITY BRANCH
OPALOCKA FL 33055**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD SMITH, FREEMAN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD PUDL HENRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8030 SW 198TH ST		1.2 NAME	175 NW 20th ST	
STREET ADDRESS	MIAMI FL		1.3 STREET ADDRESS	MIAMI FLA. 33127	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	VD THOMPSON, CLAUDE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD HORACE ROBERTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20 NE 84TH ST		2.2 NAME	17110 NW 35th AVE	
STREET ADDRESS	MIAMI FL		2.3 STREET ADDRESS	CAROL CITY, FLA 33056	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	VD PAYOL, HENRY	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD WALTER P. RUSSELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	175 NW 20TH SY		3.2 NAME	3421 JAVA PLUM AVE	
STREET ADDRESS	MIAMI FL		3.3 STREET ADDRESS	MIRAMAR, FLA. 33025	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	S WORTHEY, THEODIS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3931 N.W. 194TH ST		4.2 NAME	SAME	
STREET ADDRESS	CAROL CITY FL		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	T MCKINNEY, CALVIN C	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	T JAY B GRANT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1550 N.W. 51ST ST		5.2 NAME	18474 SW 87th CT	
STREET ADDRESS	MIAMI FL		5.3 STREET ADDRESS	MIAMI, FLA 33177	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Theodis Worthey* **3/28/96** **(305) 624 8639**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)