

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90053 040 ****61.25

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04112007 Chg-NP CR2E037 (12/06)

DOCUMENT # 732767			
1. Entity 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 KAZAH #149 500 FISHERMAN ST CAROL CITY, FL 33055		Mailing Address P.O. BOX 2515 CAROL CITY, FL 33055	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-6544122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELLIS, JOSEPH 2290 NW 107TH ST MIAMI, FL 33169		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, MCARTHUR	NAME	Pierre Rutledge
STREET ADDRESS	4610 S.W. 21ST ST	STREET ADDRESS	798 N.W. 55 St
CITY-ST-ZIP	HOLLYWOOD, FL 33023	CITY-ST-ZIP	Miami, FL 33127
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITRELL, TOMMY	NAME	
STREET ADDRESS	717 N.W. 109TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE, PINES, FL 33026	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, KENNETH	NAME	
STREET ADDRESS	700 NW 214 STREET #605	STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY, FL 33169	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHY, THEODIS	NAME	
STREET ADDRESS	17700 NW 14 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33055	CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, STEVE	NAME	DT Harold Brown
STREET ADDRESS	19320 WHISPERING PLACID ROAD	STREET ADDRESS	3271 N.W. 15th St
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	Opal - Lakes, FL 33054
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kenneth A Walker		Date: 4-12-2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 786-374-5968	