


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90014 049 \*\*\*\*61.25

<b>DOCUMENT # 732767</b>					
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	
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUTLEDGE, PIERRE		NAME	RUTLEDGE, PIERRE (Spelling)	
STREET ADDRESS	798 NW 55 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KITTRELL, 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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, KENNETH		NAME	WALKER, KENNETH	
STREET ADDRESS	700 NW 214 STREET #605		STREET ADDRESS	15710 N.W. 7th Ave. Apt # B	
CITY-ST-ZIP	CAROL CITY, FL 33169		CITY-ST-ZIP	NORTH MIAMI, FL 33169	
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 type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, ARNOLD		NAME	BROWN, HAROLD (Spelling)	
STREET ADDRESS	3271 NW 151 ST		STREET ADDRESS	Opa Locka, FL 33059	
CITY-ST-ZIP	OPO LOCKA, FL 33059		CITY-ST-ZIP		
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: <u>Pierre E. Rutledge</u> 2-12-08 305-519-6484 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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4. FEI Number 59-6544122 Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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**Make check payable to Florida Department of State**

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