


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90231 018 ****61.25

DOCUMENT # N21418					
1. Entity Name AZAN TEMPLE HOLDING CORPORATION, INC.					
Principal Place of Business 1591 W. EAU GALLIE BLVD. MELBOURNE, FL 32935			Mailing Address 1591 W. EAU GALLIE BLVD. MELBOURNE, FL 32935		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2825113	
Zip		Country		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		
SABELLI, PHILLIP M. 1591 W EAU GALLIE BLVD MELBOURNE, FL 32935			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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, 2006		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	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAYNARD, JOHN	NAME			
STREET ADDRESS	1128 SLEEPY HOLLOW ROAD	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP			
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BUNCH, GEORGE	NAME	SHIVERS, DENARD		
STREET ADDRESS	7 WINDJAMMER PT	STREET ADDRESS	46 PLANTATION DR #104		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	VERO BEACH, FL 32966-7972		
TITLE	DR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SABELLI, PHILLIP	NAME			
STREET ADDRESS	272 SANDY RUN	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOFF, JOHN	NAME	GOFF, JOHN		
STREET ADDRESS	3520 OAKHILL DRIVE	STREET ADDRESS	3520 OAKHILL DRIVE		
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP	TITUSVILLE, FL 32780		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEBAETS, DARYL	NAME			
STREET ADDRESS	419 MAIN ST	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARVIN, DONALD	NAME			
STREET ADDRESS	4065 DIANTHUS LANE	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 32796	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>Phillip M. Sabelli</u>		PHILLIP M. SABELLI		321-259-5302	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	