
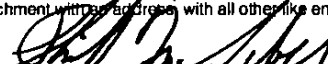


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90023 044 \*\*\*\*70.00

<b>DOCUMENT # N21418</b>					
1. Entity Name <b>AZAN TEMPLE HOLDING CORPORATION, INC.</b>					
Principal Place of Business <b>1591 W. EAU GALLIE BLVD. MELBOURNE, FL 32935</b>			Mailing Address <b>1591 W. EAU GALLIE BLVD. MELBOURNE, FL 32935</b>		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SABELLI, PHILLIP M 1591 W EAU GALLIE BLVD MELBOURNE, FL 32935</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 		PHILLIP M. SABELL		1-7-08	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
<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	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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHIVERS, DENARD	NAME			
STREET ADDRESS	46 PLANTATION DR #104	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32966	CITY-ST-ZIP			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRINGER, FRANKLINE E	NAME			
STREET ADDRESS	608 MARLIN CIR	STREET ADDRESS			
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	CITY-ST-ZIP			
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DEBAETS, DARYL	NAME	Welsh, Wayne		
STREET ADDRESS	419 MAIN ST	STREET ADDRESS	2512 Southern Court		
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP	Melbourne, FL 32901		
TITLE	D <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARVIN, DONALD	NAME	Marvin, Donald		
STREET ADDRESS	4065 DIANTHUS LANE	STREET ADDRESS	4065 Dianthus Lane		
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP	Titusville, FL 32796		
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: 		PHILLIP M. SABELL		1-7-08 321 2585302	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2825113 Applied For Not Applicable

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #