2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44884

FILED Jan 20, 2005 Secretary of State

Entity Name: S. A. COUSIN MEMORIAL TEMPLE, INC.

Current Principal Place of Business:

16040 N.W. 18TH CT. 17325 N. W. 27TH AVENUE

OPA LOCKA, FL 330542150 SUITE # 211

MIAMI GARDENS, FL 330542150

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

16040 N.W. 18TH CT. 2951 N. W. 165TH STREET OPA LOCKA, FL 330542150 MIAMI GARDENS, FL 330542150

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WRIGHT, WILEY
S. A. COUSIN MEMORIAL TEMPLE AME
16040 N.W. 18TH CT.
OPA LOCKA, FL
US
S. A. COUSIN MEMORIAL TEMPLE AME
2951 N. W. 165TH STREET
MIAMI GARDENS, FL 33054 US

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.

SIGNATURE: HOPE L WRIGHT-DAVIS 01/20/2005

Electronic Signature of Registered Agent Date

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete

 Name:
 WRIGHT, WILEY,

 Address:
 16040 NW 18TH CT

 City-St-Zip:
 OPA LOCKA, FL

Title: VD () Delete
Name: GOLSON, CALVIN

Address: 1375 SW 101ST WAY APT 211 City-St-Zip: PEMBROKE PINES, FL 33026

 Title:
 S
 () Delete

 Name:
 MCKINNIS, KIM,

 Address:
 16021 NW 18TH CT

 City-St-Zip:
 MIAMI, FL 33054

 Title:
 T
 () Delete

 Name:
 MCKINNIS, RONALD

 Address:
 16021 NW 18TH CT

MIAMIF, FL 33054

City-St-Zip:

H CT Address: 16021 NW 18TH CT

 Name:
 MCKINNIS, KIM

 Address:
 16021 NW 18TH CT

 City-St-Zip:
 MIAMI, FL 33054 US

VD

Title: T (X) Change () Addition

WRIGHT-DAVIS, HOPE L REV.

MIAMI GARDENS, FL 33054 US

2951 N. W. 165TH STREET

15801 N. W. 17TH PLACE

MIAMI GARDENS, FL 33054

GOLSON, CALVIN

 Name:
 MCKINNIS, RONALD

 Address:
 16021 NW 18TH CT

 City-St-Zip:
 MIAMI, FL 33054 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. HOPE L. WRIGHT DAVIS PD 01/20/2005