2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2006
Secretary of State

DOCUMENT# N44884

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

Current Principal Place of Business:

17325 N. W. 27TH AVENUE
SUITE # 211
MIAMI GARDENS, FL 330542150

New Principal Place of Business:

Current Mailing Address:

2951 N. W. 165TH STREET
MIAMI GARDENS, FL 330542150

New Mailing Address:

FEI Number: 65-0289845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

S. A. COUSIN MEMORIAL TEMPLE AME
2951 N. W. 165TH STREET
MIAMI GARDENS, FL 33054 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WRIGHT-DAVIS, HOPE L REV.	
Address:	2951 N. W. 165TH STREET	
City-St-Zip:	MIAMI GARDENS, FL 33054 US	
Title:	VD	( ) Delete
Name:	GOLSON, CALVIN	
Address:	15801 N. W. 17TH PLACE	
City-St-Zip:	MIAMI GARDENS, FL 33054	
Title:	S	( ) Delete
Name:	MCKINNIS, KIM	
Address:	16021 NW 18TH CT	
City-St-Zip:	MIAMI, FL 33054 US	
Title:	T	( ) Delete
Name:	MCKINNIS, RONALD	
Address:	16021 NW 18TH CT	
City-St-Zip:	MIAMI, FL 33054 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: HOPE L. WRIGHT-DAVIS PD 06/27/2006

Electronic Signature of Signing Officer or Director — Date