

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2007 08:00 AM
Secretary of State**

DOCUMENT # 717057

1. Entity Name
HARRAM TEMPLE NO. 23 OF THE ANCIENT EGYPTIAN
ARABIC ORDER NOBLES MYSTIC SHRINE OF NORTH
AND SOUT



Principal Place of Business
1708 E COLMUBUS DR
TAMPA, FL 33605 US

Mailing Address
POB 5315
TAMPA, FL 33675 US



01152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1696597

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, GEORGE III
1777 LAKEVIEW VILLAGE DR
BRANDON, FL 33510

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOZIER, MICHAEL 6923 S TRASK ST TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, ERIC 15841 BENEIA DR. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DWAYNE 6340 S RENELLIE CT TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTER, RONNIE 1014 S 66TH ST TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHEAD, FREDDIE 3596 27TH AVE. S. ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, GEORGE III 1777 LAKEVIEW VILLAGE DR BRANDON, FL 33510

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01/29/07-80044-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 21, 2007

Date

813 681-8949

Daytime Phone #