

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Aug 13, 2008 08:00 AM
Secretary of State



07162008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
30-0442224

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 reinstating)

DATE

U000000957604
08/13/08-80002-001 61.25

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | DOZIER, MICHAEL |
| STREET ADDRESS | 6923 S TRASK ST |
| CITY-ST-ZIP | TAMPA, FL 33616 |
| TITLE | D |
| NAME | MYERS, ERIC |
| STREET ADDRESS | 15841 BENEIA DR. |
| CITY-ST-ZIP | ODESSA, FL 33556 |
| TITLE | D |
| NAME | JONES, DWAYNE |
| STREET ADDRESS | 6340 S RENELLIE CT |
| CITY-ST-ZIP | TAMPA, FL 33616 |
| TITLE | D |
| NAME | SOUTER, RONNIE |
| STREET ADDRESS | 1014 S 68TH ST |
| CITY-ST-ZIP | TAMPA, FL 33619 |
| TITLE | D |
| NAME | WHITEHEAD, FREDDIE |
| STREET ADDRESS | 3596 27TH AVE. S. |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33711 |
| TITLE | D |
| NAME | WALLACE, GEORGE III |
| STREET ADDRESS | 1777 LAKEVIEW VILLAGE DR |
| CITY-ST-ZIP | BRANDON, FL 33510 |

**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:

George Wallace III, George Wallace III

7-20-08 (813) 681-8949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #