2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717057

Apr 09, 2009 Secretary of State

Entity Name: HARRAM TEMPLE NO. 23 OF THE ANCIENT EGYPTIAN ARABIC ORDER NOBLES MYSTIC SHRINE

OF NORTH AND SOUTH AMERICA, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1708 E COLMUBUS DR TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

POB 5315

City-St-Zip:

City-St-Zip:

TAMPA, FL 33675 US

FEI Number: 30-0442224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

WALLACE, GEORGE III DOZIER, MICHAEL

1777 LAKÉVIEW VILLAGE DR 6823 SOUTH TRASK STREET BRANDON, FL 33510 TAMPA, FL 33616

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: MICHAEL DOZIER 04/09/2009

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

OFFICERS AND DIRECTORS:

ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition DOZIER, MICHAEL Name: Name: 6923 S TRASK ST Address: Address: City-St-Zip: TAMPA, FL 33616 City-St-Zip: Title: Title: () Delete () Change () Addition MYERS, ERIC Name: Name: Address: 15841 BENEA DR. Address:

Title: () Delete Title: () Change () Addition

JONES, DWAYNE Name: Name: 6340 S RENELLIE CT Address: Address: City-St-Zip: TAMPA, FL 33616 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: SOUTER, RONNIE Name: Address: 1014 S 66TH ST Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip:

Title: () Delete Title: () Change () Addition

WHITEHEAD, FREDDIE Name: Name: Address: 3596 27TH AVE. S Address: City-St-Zip: ST. PETERSBURG, FL 33711 City-St-Zip:

Title: () Delete Title: (X) Change () Addition WALLACE, GEORGE III REYNOLDS, DWIGHT G Name: Name: Address: 1777 LAKEVIEW VILLAGE DR Address: 10861 HOFFNER EDGE DRIVE RIVERVIEW, FL 33579 BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify 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

City-St-Zip:

SIGNATURE: DWIGHT G. REYNOLDS D 04/09/2009

above, or on an attachment with an address, with all other like empowered.