2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# 729399

Entity Name: RABIA TEMPLE NO. 8 ANCIENT EGYPTIAN ARABIC ORDER, NOBLES OF THE MYSTIC SHRINE OF N & SA & J P.H.A., INC.

Current Principal Place of Business:

3707 NORTH LIBERTY STREET
P.O. BOX 41364
JACKSONVILLE, FL 322031403

New Principal Place of Business:

3707 NORTH LIBERTY STREET
3707 NORTH LIBERTY STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

3707 NORTH LIBERTY STREET
P.O. BOX 41364
JACKSONVILLE, FL 322031403

New Mailing Address:

FEI Number: 23-7536446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKSHEAR, WILLIE W SR
8914 GREENLEAF RD
JACKSONVILLE, FL 32208 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: T ( ) Delete
Name: YOUNG, MARVIN L
Address: 11424 MONTEGO BAY DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: MITCHELL, TOMMIE J
Address: 318 BROWARD RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: STROWBRIDGE, GREGORY M
Address: 8240 HERLONG RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: HORTON, DANNY W
Address: 9138 CAROLINE RIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: RANDOLPH, HERMAN
Address: 11828 SAGEBRUSH CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete
Name: CARTER, JOHN H II
Address: 3197 LANNIE ROAD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: WILCOX, JESSE L
Address: 11405 MANATEE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

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

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

Title: S (X) Change ( ) Addition
Name: HARPER, LOUIS T
Address: 7469 LAWN TENNIS LANE
City-St-Zip: JACKSONVILLE, FL 32277

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: JESSE L WILCOX D 04/20/2007

Electronic Signature of Signing Officer or Director — Date