

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729399

FILED
Apr 30, 2011
Secretary of State

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
3707 NORTH LIBERTY STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

3707 NORTH LIBERTY STREET
JACKSONVILLE, FL 32206

FEI Number: 23-7536446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, ROSS L SR
7639 PILGRIMS TRACE DR.
JACKSONVILLE, FL 32244 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
Name: YOUNG, MARVIN L
Address: 11424 MONTEGO BAY DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: S
Name: LAWRENCE, SIMS A
Address: 7812 DENHAM RD E
City-St-Zip: JACKSONVILLE, FL 32208

Title: D
Name: MCBRIDE, VALENTINO R JR.
Address: P O BOX 9793
City-St-Zip: JACKSONVILLE, FL 32208

Title: D
Name: TUCKER, KENTON
Address: 3707 N. LIBERTY STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: C
Name: HAWKINS, NORMAN
Address: 5641 CALIFORNIA AVE. #3
City-St-Zip: JACKSONVILLE, FL 32244

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE A. SIMS

S

04/30/2011

Electronic Signature of Signing Officer or Director

Date