

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90155 028 ****61.25

DOCUMENT # 729399

1. Entity Name

**RABIA TEMPLE NO. 8 ANCIENT EGYPTIAN ARABIC ORDER
, NOBLES OF THE MYSTIC SHRINE OF N & SA & J P.H.**



Principal Place of Business

**3707 NORTH LIBERTY STREET
P.O. BOX 41364
JACKSONVILLE FL 32203-1403**

Mailing Address

**3707 NORTH LIBERTY STREET
P.O. BOX 41364
JACKSONVILLE FL 32203-1403**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7536446**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIMBLE, DONAVAN
5700 DIAMOND STREET
JACKSONVILLE FL 32208**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Donovan F. Trimble

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

(NOTE: Registered Agent signature required when reinstating)

2/17/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RILEY, EDWARD D SR.
P.O. BOX 40172
JACKSONVILLE FL 32203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DENNIS, EARL
PO BOX 77062
JACKSONVILLE FL 32226** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSS, ANTHONY L
7639 PILGRIMS TRACE DR
JACKSONVILLE FL 32244** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
JEFFERY Taylor
1574 Aletha DR
JAX, FL 32211** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLACKSHEAR, WILLIE W
8914 GREENLEAF RD.
JAX FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Rico Merritt
5641 CALIFORNIA AVE, APT. #101
JAX, FL 32244** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAYLOR, EDDIE L
3139 KENISTON RD.
JAX FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROLLINS, ROBERT L SR.
5037 PORTSMOUTH AVENUE
JACKSONVILLE FL 32208** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Donovan F. Trimble

2/17/03 (904) 994-5585

CR2E037 (10/02)