# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # 845576 (8)**

1. Corporation Name

**THE IMPERIAL COUNCIL OF THE ANCIENT ARABIC ORDER OF THE NOBLES OF THE MYSTIC SHRINE FOR NORTH AM**

| Principal Place of Business | Mailing Address |
|---|---|
| 2900 ROCKY POINT DRIVE<br>TAMPA FL 33607 | 2900 ROCKY POINT DRIVE<br>TAMPA FL 33607 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1980
3a. Date of Last Report: 02/22/1994
4. FEI Number: 36-2158164 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~T~~ | 11 TITLE | ☒ Change ☐ Addition |
| NAME | HARRINGTON, WEBBER C | 12 NAME | |
| STREET ADDRESS | 2700 FIRST INTERSTATE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ~~PORTLAND OR~~ | 14 CITY-ST-ZIP | Portland, Oregon 97201 |
| TITLE | ~~P~~ | 21 TITLE | P ☒ Change ☐ Addition |
| NAME | ~~BUKEY, RICHARD L~~ | 22 NAME | Ravellette, Jr., Burton |
| STREET ADDRESS | ~~3250 EAST BROADWAY~~ | 23 STREET ADDRESS | 1706 West 34th Avenue |
| CITY-ST-ZIP | ~~TUCSON AZ~~ | 24 CITY-ST-ZIP | Pine Bluff, Arkansas 71603 |
| TITLE | S | 31 TITLE | ☒ Change ☐ Addition |
| NAME | JONES, JACK H | 32 NAME | |
| STREET ADDRESS | 2900 ROCKY POINT DRIVE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ~~TAMPA FL~~ | 34 CITY-ST-ZIP | ~~Tampa, Florida 33607~~ |
| TITLE | ~~V~~ | 41 TITLE | V ☒ Change ☐ Addition |
| NAME | ~~RAVELLETTE, BURTON E. JR.~~ | 42 NAME | Bailey, Robert B. |
| STREET ADDRESS | ~~1706 WEST 34TH AVENUE~~ | 43 STREET ADDRESS | 132 Shore Drive, Ogden Dunes |
| CITY-ST-ZIP | ~~PINE BLUFF AR~~ | 44 CITY-ST-ZIP | ~~Portage, Indiana 46368~~ |
| TITLE | ~~D~~ | 51 TITLE | D ☒ Change ☐ Addition |
| NAME | ~~BAILEY, ROBERT B.~~ | 52 NAME | Brantley, Lewis B. |
| STREET ADDRESS | ~~132 SHORE DR, OGDEN DUNES~~ | 53 STREET ADDRESS | 4435 Ortega Farms Circle |
| CITY-ST-ZIP | ~~PORTAGE IN~~ | 54 CITY-ST-ZIP | Jacksonville, Florida 32210 |
| TITLE | | 61 TITLE | D ☐ Change ☒ Addition |
| NAME | | 62 NAME | Nobles, John C. |
| STREET ADDRESS | | 63 STREET ADDRESS | 5203 Wimbledon Way |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | El Paso, Texas 79932 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual 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 a receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

**SIGNATURE:** Burton Ravellette Jr. Burton Ravellette, Jr. 3/27/95 (813)281-0300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

0049764