

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

**2900 ROCKY POINT DRIVE
TAMPA FL 33607**

Mailing Address

**2900 ROCKY POINT DRIVE
TAMPA FL 33607**



3. Date Incorporated or Qualified

03/26/1980

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	HARRINGTON, WEBBER C	
STREET ADDRESS	2700 FIRST INTERSTATE	
CITY-ST-ZIP	PORTLAND OR	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RAVELLETTE, JR. B	
STREET ADDRESS	1706 WEST 34TH AVENUE	
CITY-ST-ZIP	PINE BLUFF AR	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JONES, JACK H	
STREET ADDRESS	2900 ROCKY POINT DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, ROBERT B.	
STREET ADDRESS	132 SHORE DRIVE, OGDEN DUNES	
CITY-ST-ZIP	PORTAGE IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANTLEY, LEWIS B	
STREET ADDRESS	4435 ORTEGA FARMS CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOBLES, JOHN C	
STREET ADDRESS	5203 WIMBLEDON WAY	
CITY-ST-ZIP	E. PASO TE	

13. ADDITIONAL OFFICERS AND DIRECTORS IN 12	DATE
1.1 TITLE	03/01/96
1.2 NAME	01020-028
1.3 STREET ADDRESS	***61.25
1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	Bailey, Robert B.
2.3 STREET ADDRESS	132 Shore Drive, Ogden Dunes
2.4 CITY-ST-ZIP	Portage, Indiana 46368
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	VerMaas, John D.
4.3 STREET ADDRESS	P. O. Box 6227
4.4 CITY-ST-ZIP	Lincoln, Nebraska 68506-0227
5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	Semb, Ralph W.
5.3 STREET ADDRESS	P. O. Box 66
5.4 CITY-ST-ZIP	Erving, Massachusetts 01344-0099
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or 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 the 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 if changed, or on an attachment with an address.

SIGNATURE:

Robert B. Bailey

Robert B. Bailey 2/19/96 (813)281-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)

96/12/21/96