## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Aug 01 1997 8:00am Secretary of State

THE IMPERIAL COUNCIL OF THE ANCIENT ARABIC ORDER OF THE NOBLES OF THE MYSTIC SHRINE FOR NORTH AM											ı			
Principal Place of Business Mailing Address										IEF BIBIG BI	<b>                                    </b>	ii Dikii		
2900 ROCKY POINT DRIVE 2900 ROCKY POINT DRIVE TAMPA FL 33607 TAMPA FL 33607									DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualified		Date of Las	st Rer	oort	٦
									03/26/1980	00.	02/29/			
2. Principal P	lace of Busin	ness	28	2a. Mailing Address					4, FEI Number	-		Appl	led For	1
21				26					36-2158164			Not /	Applicable	_
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired Serviced Fee Required					
City & State				City & State					8. Election Campaign Financing		\$5.0	<mark>00</mark> м	lay Be	1
23				28					Trust Fund Contribution	<u> </u>	Add	ed to	Fees	_
Zip	·			Zip Cou					8, This corporation owes or has pa					
24	25   9. Name and Address of Curren			29 30					Personal Property Tax due June 10. Name and Address of New Re		Yes		ND	$\dashv$
	and Address of Corre	iir negi	ISTOTOU AGOITE		81	Name		10. Name and Address of New No	Aletai ec	Mant			-	
CT CODE	DATIAN	SVSTEM				82								1
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD							Street	Addre	ss (P.O. Box Number is Not Acceptab	le)				1
PLANTATION FL 33324														1
	1011 1 2 00	, J. F. T.			ļ						7:27			4
						84	City			Fl	85 2	Zip Co	ode	
11. Pursuant office or r	to the provis	sions of Sections 617.05 gent, or both, in the Stat	02 and e e of Flor	617.1508, Florida St rida. Such change w	atutes, the at	ove by	e-named the cor	corpo poratio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of	of changin pointment	g its r	registered gistered	1
agent la SIGNATURE														
	Signature, types	or printed name of registered a			(NOTE Registered	ogA t	nt signature	e required		DATE	D DIDEO	-	10.140	4
12.	· ·	OFFICERS A	ND DIME	ECTORS DELETE	13.	IL E		T	ADDITIONS/CHANGES TO OFFIC	EHS AN	Chan		Addition	-  5
NAME	HARRIN	GTON, WEBBER C		AT DESCRI	1.2 NA			Rra	cewell, Gene			y ,	<b>A</b> 1 100101011	1
STREET ADDRESS 2700 FIRST INTERSTATE									Selig Drive					8
CITY-ST-ZIP PORTLAND OR									anta, Georgia 30336					Įž
TITLE	Р	· · · · · · · · · · · · · · · · · · ·		<b>D</b> ELETE				P	•		☐ Chan	ge	Addition	<u>ן</u> כ
NAME	BAILEY,	ROBERT B			22 N/	ME		Bra	ntley, Lewis B. 5 Ortega Farms Circl			•	•	1
STREET ADDRESS 132 SHORE DRIVE, OGDEN D				UNE\$ 23			ADDRESS	443	5 Ortega Farms Circl	е				
CITY-ST-ZIP		SE IN 46368				ITY-S	IT-ZIP	Jac	ksonville, Florida 3	2210				╛
TITLE	S			☐ DELETE	3.1 10	TLE				-	Chan	ge	Addition	
NAME	JONES,				3.2 N/	ME								
STREET ADDRESS		OCKY POINT DRIVE			3.3 ST	REET	ADDRESS	i						
CITY-ST-ZIP	TAMPA	<u>FL</u>		M or ere	3.4. C		T - ZIP						TO CARRE	4
TITLE	VEDMAA	AS, JOHN D		X DELETE				у Инд 18 19	1-h C		Chan	đe i	X Addition	
NAME	P.O. BO	•			4.2 N				es, John C.					
STREET ADDRESS		N NE 68506-0227							Wimbledon Way					
CITY+ST-ZIP TITLE	D	1 11 00000.0551		DELETE	4.4 CF		I - ZIP	<u> </u>	aso. Texas 79932		☐ Chan	06	Addition	$\exists$
NAME	SEMB, RALPH W					5.1 TITLE 5.2 NAME						g. (		
STREET ADDRESS	P.O. BO	X 66 14/A					ADDRESS		•					
CITY-ST-ZIP	mm: #146 411 444 4 444							~						
TITLE	D X DELETE				5.4 CITY-ST-ZIP 6.1 TITLE					☐ Chan	ge	X Addition	7	
NAME	NOBLES	, JOHN C			6.2 NA			Tur	nipseed, Robert N.					
STREET ADDRESS	5203 WI	MBLEDON WAY	'	)	6.3 ST	REET	ADDRESS		Loch Haven Drive					
CITY-ST-ZIP	EL PAS	O TE	1	1°	6.4 CI	TY-S			den Lake, Idaho 8383	5				

14. I do hereby certify that the information supplied with this filling 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 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 truetee 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 for an antischure with an extress.

Jones 7/18/97 (813)281-0300