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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90106 049 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 845576**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**03/26/1980**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**36-2158164**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BRACEWELL, GENE**  
**840 SELIG DRIVE**  
**ATLANTA GA**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

P  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BRANTLEY, LEWIS D-**  
**4435 ORTEGA FARMS CIRCLE-**  
**JACKSONVILLE FL-**

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

S  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JONES, JACK H**  
**2900 ROCKY POINT DRIVE**  
**TAMPA FL**

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

V  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NOBLES, JOHN C-**  
**5203 WIMBLEDON WAY**  
**EL PASO TX-**

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEMB, RALPH W-**  
**P.O. BOX 66**  
**ERVING MA 01344 0000**

☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TURNIPSEED, ROBERT N-**  
**0101 LOCH HAVEN DRIVE**  
**HAYDEN LAKE ID-**

☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **John C. Nobles, President 2/1/99**

(813)281-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)