



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90043 043 ****61.25

DOCUMENT # 845576					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 36-2158164				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$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 BRACEWELL, GENE 1015 THIMBELGATE COURT ALPHARETTA, GA 30022	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P CLAYPOOL, CHARLES A 345 W. 2ND ST, STE 400 DAYTON, OH 45402	<input checked="" type="checkbox"/> Delete		P Oien, M. Burton 7832 East Ebola Avenue Mesa, AZ 85208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
S JONES, JACK H 2900 ROCKY POINT DRIVE TAMPA, FL	<input type="checkbox"/> Delete		D Lemieux, M.D., Bernard J. 649 West Front Street Perrysburg, OH 43551	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D DUNWOODY, GARY W PO BOX 2077 NORTH LITTLE ROCK, AR 72116	<input checked="" type="checkbox"/> Delete		D Frevel, Sr., Raoul L. 4507 Harford Road Baltimore, MD 21214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D THOMAS, NICHOLAS 8559 MANGO AVE FONTANA, CA 92335	<input type="checkbox"/> Delete				
VP Oien, M. Burton 7832 E. EBOLA AVE MESA, AZ 85208	<input checked="" type="checkbox"/> Delete				
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: <u>M. Burton Oien</u> M. Burton Oien, President 01/21/04 (813)281-8110					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					