

FILE NOW: FILING FEE AFTER MAY 1-IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729399 (6)

1. Corporation Name

**RABIA TEMPLE NO. 8 ANCIENT EGYPTIAN ARABIC ORDER
, NOBLES OF THE MYSTIC SHRINE OF N & SA & J P.H.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3707 NORTH LIBERTY STREET 3707 NORTH LIBERTY STREET
P.O. BOX 41364 P.O. BOX 41364
JACKSONVILLE FL 32203-1403 JACKSONVILLE FL 32203-1403

3. Date Incorporated or Qualified 04/19/1974 3a. Date of Last Report 05/13/1994
4. FEI Number 23-7536446 Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
ROLLINS, ROBERT SR
5037 PORTSMOUTH AVE
3707 N LIBERTY ST
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent
81 Name MAJOR, SAM C.
82 Street Address (P.O. Box Number is Not Acceptable) 8632 SAMONA DRIVE WEST
83 3707 N. LIBERTY ST.
84 City JACKSONVILLE FL 85 Zip Code 32208

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 Sam C. Major Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4-3-95

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
CLARK, JOHN W 11561 CORAL RIDGE AVE W JACKSONVILLE FL
MCLENDON, SOLOMON 10210 HAVERFORD RD JACKSONVILLE FL
D MAJOR, SAM 8632 SAMONA DRIVE W JAX FL
D CHERRY, CARLTON 849 W. 30TH ST. JACKSONVILLE FL
D HAWKINS, NORMAN 5641 CALIFORNIA AVE JAX FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE T Change Addition
1.2 NAME HINES, JAMES L. JR
1.3 STREET ADDRESS 12622 LAMAR SHAW RD
1.4 CITY- ST- ZIP JACKSONVILLE, FL 32258
2.1 TITLE S Change Addition
2.2 NAME CLARK, DANIEL SR
2.3 STREET ADDRESS 456 WYNFIELD CIRCLE
2.4 CITY- ST- ZIP ORANGE PARK, FL 32073
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE D Change Addition
4.2 NAME WILLIE W. BLACKSHEAR
4.3 STREET ADDRESS 8914 GREENLEAF RD
4.4 CITY- ST- ZIP JACKSONVILLE, FL 32208
5.1 TITLE D Change Addition
5.2 NAME TAYLOR, EDDIE L.
5.3 STREET ADDRESS 3139 KENISTON RD
5.4 CITY- ST- ZIP JACKSONVILLE, FL 32211
6.1 TITLE Change Addition
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: Sam C. Major Sam C. Major 4-3-95 634-1164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed or Printed)