

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 05, 2012  
Secretary of State

DOCUMENT# 729399

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

**Current Principal Place of Business:**

3707 NORTH LIBERTY STREET  
3707 NORTH LIBERTY STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

3707 NORTH LIBERTY STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 23-7536446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANTHONY, ROSS L SR  
7639 PILGRIMS TRACE DR.  
JACKSONVILLE, FL 32244      US

**Name and Address of New Registered Agent:**

RICKEY, TORRENCE J SR  
2540 CLARO DR  
JACKSONVILLE, FL 32211      US

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.

SIGNATURE: RICKEY J. TORRENCE, SR.      03/05/2012  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: YOUNG, MARVIN L  
Address: 11424 MONTEGO BAY DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S  
Name: PATRICK, WILLIAMS C  
Address: 3545 LONE TREE LN  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D  
Name: GEORGE, ALDRIC C  
Address: 1516 W. 10TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D  
Name: PETERS, JOHN A JR.  
Address: 2647 CLYDE DR.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: C  
Name: ROSS, ANTHONY L  
Address: 7639 PILGRAMS TRACE DR.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D  
Name: RICHARDSON, RAYMOND L  
Address: 4232 RIPKEN CIR E.  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALDRIC C. GEORGE      D      03/05/2012  
Electronic Signature of Signing Officer or Director      Date