

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729399

**FILED**  
**May 04, 2013**  
**Secretary of State**  
**CC1288955534**

**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

**Current Mailing Address:**

3707 NORTH LIBERTY STREET  
JACKSONVILLE, FL 32206

**FEI Number: 23-7536446**

**Certificate of Status Desired: No**

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

DAVIS, LEVANTE M SR.  
3936 FREEL RD  
JACKSONVILLE, FL 32210 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: LEVANTE M. DAVIS SR.**

**05/04/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title ASST RABBAN  
Name JOHNSON, STEPHEN D  
Address 2987 CAPTIVA BLUFF RD N  
City-State-Zip: JACKSONVILLE FL 32226

Title BOARD OF GOVERNOR CHAIRMAN  
Name HARPER, LOUIS T  
Address 7469 LAWN TENNIS LANE  
City-State-Zip: JACKSONVILLE FL 32277

Title BOARD OF GOVERNOR CO-CHAIRMAN  
Name WILLIAMS, RONALD G SR.  
Address 11058 APPLE BLOSSOM TRL E  
City-State-Zip: JACKSONVILLE FL 32218

Title FINANCIAL LIASON  
Name MITCHELL, TOMMIE J SR.  
Address 318 BROWARD RD  
City-State-Zip: JACKSONVILLE FL 32218

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

Title DEPUTY OF THE OASIS  
Name ROLLINS, ROBERT L SR.  
Address 5037 PORTSMOUTH AVE  
City-State-Zip: JACKSONVILLE FL 32208

*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: LOUIS T. HARPER**

**BOARD OF GOVERNOR  
CHAIRMAN**

**05/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date