

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 729399

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CR0944234572**

**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: Yes**

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

JOHNSON, STEPHEN D  
2987 CAPTIVA BLUFF RD NORTH  
JACKSONVILLE, FL 32226 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: STEPHEN D. JOHNSON**

**04/28/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           CHIEF RABBAN  
Name           RICHARDSON, RAYMOND L  
Address        11302 SCENIC POINT CIR  
City-State-Zip: JACKSONVILLE FL 32218

Title           BOARD OF GOVERNOR CHAIRMAN  
Name           MILLER, VINCENT A  
Address        3707 NORTH LIBERTY STREET  
City-State-Zip: JACKSONVILLE FL 32206

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

Title           ASST RABBAN  
Name           BURNS, HAROLD T  
Address        4139 WOODLEY CREEK RD  
City-State-Zip: JACKSONVILLE FL 32218

Title           DEPUTY OF THE OASIS OF  
                  JACKSONVILLE  
Name           HARPER, LOUIS T  
Address        7469 LAWN TENNIS LANE  
City-State-Zip: JACKSONVILLE FL 32277

Title           SECRETARY  
Name           PALMER, LEANDER D  
Address        423 FREEL RD  
City-State-Zip: JACKSONVILLE FL 32245

*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**

**DEPUTY OF THE OASIS  
OF JACKSONVILLE**

**04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date