

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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.**



Principal Place of Business

Mailing Address

3707 NORTH LIBERTY STREET
P.O. BOX 41364
JACKSONVILLE FL 32203-1403

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P.O. BOX 41364
JACKSONVILLE FL 32203-1403

3. Date Incorporated or Qualified **04/18/1974** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-7536446		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		23		28	
Zip		Country		24		29	
25		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAJOR, SAM C
8632 SAMONA DRIVE WEST
3707 N. LIBERTY ST.
JAX FL 32208**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, JAMES L	12 NAME	
STREET ADDRESS	12622 LAMAR SHAW RD.	13 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	14 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, DANIEL S	22 NAME	
STREET ADDRESS	456 WYNFIELD CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJOR, SAM	32 NAME	
STREET ADDRESS	8632 SAMONA DRIVE W	33 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKSHEAR, WILLIE W	42 NAME	
STREET ADDRESS	8914 GREENLEAF RD.	43 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, EDDIE L	52 NAME	
STREET ADDRESS	3139 KENISTON RD.	53 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96-904-634-1164

Date

Daytime Phone

CR2E037 (12/95)