

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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.

FILED
Jan 19, 2023
Secretary of State
6827487134CC

Current Principal Place of Business:

3707 NORTH LIBERTY STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

3707 NORTH LIBERTY STREET
JACKSONVILLE, FL 32206 US

FEI Number: 23-7536446

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON III, ALONZO L
3707 N. LIBERTY ST
JACKSONVILLE, FL 32206 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: ALONZO L. WILSON III

01/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name YOUNG, MARVIN L SR.
Address 3707 NORTH LIBERTY STREET
City-State-Zip: JACKSONVILLE FL 32206

Title CHIEF RABBAN
Name MILTON, WILMER
Address 3707 NORTH LIBERTY STREET
City-State-Zip: JACKSONVILLE FL 32206

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

Title FINANCIAL LIASON
Name MITCHELL, TOMMIE J SR.
Address 3707 NORTH LIBERTY STREET
City-State-Zip: JACKSONVILLE FL 32206

Title ASSISTANT RABBAN
Name MONDY, MESCHAC
Address 3707 NORTH LIBERTY STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DEPUTY OF THE OASIS OF
 JACKSONVILLE
Name HORTON, DANNY WEBSTER
Address 3707 NORTH LIBERTY STREET
City-State-Zip: JACKSONVILLE FL 32206

Title SECRETARY
Name MARTIN, OLIVER
Address 3707 NORTH LIBERTY STREET
City-State-Zip: JACKSONVILLE FL 32206

Title CEO
Name WILSON, ALONZO LEE
Address 3707 N. LIBERTY ST.
City-State-Zip: JACKSONVILLE FL 32206

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: ALONZO L. WILSON III

CEO

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date