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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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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 3707 NORTH LIBERTY STREET P.O. BOX 41364 JACKSONVILLE FL 32203-1403	Mailing Address 3707 NORTH LIBERTY STREET P.O. BOX 41364 JACKSONVILLE FL 32203-1364
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/18/1974	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7536446	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAJOR, SAM C 8632 SAMONA DRIVE WEST 3707 N. LIBERTY ST. JAX FL 32208		10. Name and Address of New Registered Agent 81 Name JESSE L. WILCOX 82 Street Address (P.O. Box Number is Not Acceptable) 11405 MANATEE DR. 83 84 City JACKSONVILLE FL 85 Zip Code 32218	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Willie W. Blackshear **WILLIE W. BLACKSHEAR** Oct. 13, 1997
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	
TITILE NAME STREET ADDRESS CITY-ST-ZIP	T HINES, JAMES L 12622 LAMAR SHAW RD. JAX FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T JOHN W. CLARK 11561 CORAL RIDGE RD. JAX, FL. 32218
TITILE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, DANIEL S 456 WYNFIELD CIRCLE ORANGE PARK FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S JESSE L. WILCOX 11405 MANATEE DR. JAX, FL. 32218
TITILE NAME STREET ADDRESS CITY-ST-ZIP	D MAJOR, SAM 8632 SAMONA DRIVE W JAX FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JOHNNIE MCCRAY JR. 10871 COOPER HILL DR. JAX, FL. 32218
TITILE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKSHEAR, WILLIE W 8914 GREENLEAF RD. JAX FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600002328446--0 -10/23/97--01104--020 *****61.25 *****61.25
TITILE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, EDDIE L 3139 KENISTON RD. JAX FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition A. Alan 10/20/97
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: WILLIE W. BLACKSHEAR **WILLIE W. BLACKSHEAR** 8/15/97

CR2E037 (9/96)