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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 729399

1. Corporation Name
RABIA TEMPLE NO. 8 ANCIENT EGYPTIAN ARABIC ORDER, NOBLES OF THE MYSTIC SHRINE OF N & SA & J P.H.

5 6 3 7 8 2 *
 563702-90001-29

Principal Place of Business Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/18/1974
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7536446
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	29
29	30	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution
TAYLOR, EDDIE		<input type="checkbox"/> \$5.00 May Be Added to Fees
3139 KENSTON LN		
JACKSONVILLE FL 32277		
10. Name and Address of New Registered Agent		
81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City		85 Zip Code
FL		

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 except the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, REGINALD J	1.2 NAME	
STREET ADDRESS	2515 ST LEGER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, JESSE L	2.2 NAME	WILCOX, JESSE L
STREET ADDRESS	11405 MANATEE DRIVE	2.3 STREET ADDRESS	11405 MANATEE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32218	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCRAY, JOHNNIE JR.	3.2 NAME	CLARK, DANIEL SR
STREET ADDRESS	10871 COOPER HILL DRIVE	3.3 STREET ADDRESS	456 WYNFIELD CIRCLE
CITY-ST-ZIP	JACKSONVILLE FL 32218	3.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKSHEAR, WILLIE W	4.2 NAME	FOLD, Roscoe Jr
STREET ADDRESS	8914 GREENLEAF RD.	4.3 STREET ADDRESS	1120 BLUE HILL DR. N.
CITY-ST-ZIP	JAX FL	4.4 CITY-ST-ZIP	JAX FL 32218
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, EDDIE L	5.2 NAME	
STREET ADDRESS	3139 KENSTON RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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; that I am the registered agent or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block #2 or Block 13 if changed, or both, in attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 5/8/99

CR2E037 (1/98)