


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90155 028 ****61.25

DOCUMENT # 729399

1. Entity 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**

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7536446** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRIMBLE, DONAVAN
5700 DIAMOND STREET
JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City, State, Zip

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Donovan F. Trimble* DATE: **2/17/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5:00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	T RILEY, EDWARD D SR. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 40172	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	CITY-ST-ZIP	
TITLE NAME	D DENNIS, EARL <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PO BOX 77062	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32226	CITY-ST-ZIP	
TITLE NAME	D ROSS, ANTHONY L <input checked="" type="checkbox"/> Delete	TITLE NAME	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7639 PILGRIMS TRACE DR	STREET ADDRESS	JEFFERY Taylor
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	1574 Aletha DR
TITLE NAME	D BLACKSHEAR, WILLIE W <input checked="" type="checkbox"/> Delete	TITLE NAME	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8914 GREENLEAF RD.	STREET ADDRESS	Rico Merritt
CITY-ST-ZIP	JAX FL	CITY-ST-ZIP	5641 CALIFORNIA AV. APT. #101
TITLE NAME	D TAYLOR, EDDIE L <input type="checkbox"/> Delete	TITLE NAME	JAX, FL 32211
STREET ADDRESS	3139 KENISTON RD.	STREET ADDRESS	
CITY-ST-ZIP	JAX FL	CITY-ST-ZIP	
TITLE NAME	S ROLLINS, ROBERT L SR. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5037 PORTSMOUTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donovan F. Trimble* DATE: **2/17/03** (904) 994-5585

CR2E037 (10/02)