## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10281

(9)

Mailing Address

## RIVERVIEW LODGE NO. 306 FREE AND ACCEPTED MASONS OF FLORIDA

2. Pincipal Place of Business   2a. Mailing Address   2a. Mailin	ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US			ROY CONNAR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202-3218 US			3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1992 03/08/1996					
Suite, Api 4, etc.    Suite, Api 4, etc.   Suite, Api 4, etc.   City & State   23	2. Pr	incipal Place o	of Business	2a. Mailing Address			4. FEI Number		Applied For			
Colly & State   Stat								23-7193812		_	· · · · · · · · · · · · · · · · · · ·	<u></u>
20   Zip   Country   Zip				<u>├</u> ──┐ ' '			5. Certificate of Status Desired					
20   20   20   20   30   30   30   30	City & State			<del>⊢</del> ′								
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE F1 32202  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am from with a coepit the obligation of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am from with a coepit the obligation of Sections Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am from with a coepit the obligation of Sections Statutes.  SIGNATURE Signal Delete Statutes.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. IMP.  OCOK, CHARLES H  STREET ADDRESS  OCITY-SI-2P  ACKSONVILLE F1  DELETE  1. IMP.  DELETE  1. IMP.  SIRVET ADDRESS  OCITY-SI-2P  ACKSONVILLE F1  DELETE  1. IMP.  MD.  DELETE  1. IMP.  DELETE  2. IMP.  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  1. IMP.  DELETE  1. IMP.  DELETE  1. IMP.  DELETE  1. IMP.  DELETE  2. IMP.  2. IMP.  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  1. IMP.  DELETE  1. IMP.  DELETE  1. IMP.  DELETE  2. IMP.  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  1. IMP.  DELETE  1. IMP.  DELETE  2. IMP.  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  1. IMP.  DELETE  2. IMP.  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  3. IMP.  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  3. IMP.  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  3. IMP.  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DE	Zij	ρ	Country Zip									
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONMILE FL 32202  84		9.	Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	geni		
220 OCEAN STREET JACKSONMILE FL 32202  M City  FL 85 ZIP Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1500. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or represent super and compositions to board of directors. Thereby accept the ophilate in or or score in the purpose of changing its registered office or provide in the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of changin						81	Name					
SIGNATURE   TD   DELETE   11.000.   STREET ADDRESS   ST							Street A	Address (P.O. Box Number is Not Acceptat	ole)			
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 agont, 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. Jan State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Jan State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Jan State of Portida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Jan State of Portida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Jan State of Corporation's board of directors. I hereby accept the appointment as registered agent. Jan State or Jan	1				83							
11. Pursuant to the provisions of Sections 617 GSD2 and	-				ļ	84	City		FI	85	Zip C	ode
TD	SIGN	IATURE	or tried or printed name of registered a	gent and the mapplicable. (NOT	E: Regislered			required when reinstating)	DATE		<b>7</b>	
NAME		מז	0) / 100/10 / 1			LE.	1			. D,	-010110	. (14 )_
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							ADDRESS					

FILED Mar 10 1997 8:00am Secretary of State



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

ATAKE A) FLETCHER

10/97 904-354-2339