


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10281 (9)**

1. Corporation Name  
**RIVERVIEW LODGE NO. 306 FREE AND ACCEPTED MASONS OF FLORIDA**

Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US</b>	Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>06/30/1992</b>
4. FEI Number <b>23-7193812</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE FL 32202**

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

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, 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 *[Signature]* **2-13-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) X <input type="checkbox"/> Addition
NAME	COOK, CHARLES H	1.2 NAME	Samuel Jefferson Glyatt
STREET ADDRESS	8720 3RD AVE.	1.3 STREET ADDRESS	8641 3RD AVE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32208-2639
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY (D) X <input type="checkbox"/> Addition
NAME	BUIE, DANIEL K	2.2 NAME	Glynn Lamarr Hickox
STREET ADDRESS	8008 CONCORD CIRCLE	2.3 STREET ADDRESS	3145 Honeywood Dr
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32277-3656 <input type="checkbox"/> Addition
TITLE	MD <input type="checkbox"/> DELETE	3.1 TITLE	SENIOR WARDEN (D) X <input type="checkbox"/> Addition
NAME	CODY, CHARLES E	3.2 NAME	Russell David Fletcher
STREET ADDRESS	15782 PARETE ROAD	3.3 STREET ADDRESS	10945 Bridges Rd
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville FL 32218 Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	JUNIOR WARDEN (D) X <input type="checkbox"/> Addition
NAME	FLETCHER, MARK A	4.2 NAME	Eddie James Harris Jr
STREET ADDRESS	6141 STETSON RD	4.3 STREET ADDRESS	2509 Wilmont Ct.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville FL 32218-5136 <input type="checkbox"/> Addition
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	TREASURER (D) X <input type="checkbox"/> Addition
NAME	BLAKE, JAMES V	5.2 NAME	Carl Lee Shifflett
STREET ADDRESS	11126 WOODLUM DR E	5.3 STREET ADDRESS	4819 Lannie Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32218-4356	5.4 CITY-ST-ZIP	Jacksonville FL 32218-1148 <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HICKOX, GLYNN L	6.2 NAME	
STREET ADDRESS	3145 HONEYWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 56	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)(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 *[Signature]* **2-13-98**

CR2E037 (10/97)