FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # C10281

1. Corporation Name

RIVERVIEW LODGE NO. 306 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US	ROY CONNAR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US

2. Principal Place of Business `21`	2a. Mailing Address `26`	3. Date Incorporated or Qualifed **06/30/1992**
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	4. FEI Number **23-7193812** / Applied For / Not Applicable
City & State `23`	City & State `28`	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip `24` / Country `25`	Zip `29` / Country `30`	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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, 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   *N/A*   *N/A*   DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☒DELETE	1.1 TITLE	JUNIOR WARDEN (D) ☒ Change ☐ Addition	
NAME **CLYATT, SAMUEL J**	1.2 NAME	Thomas Francis Quinn Sr	
STREET ADDRESS **8641 3RD AVE**	1.3 STREET ADDRESS	128 W 63Rd St	
CITY-ST-ZIP **JACKSONVILLE FL 32208-2639**	1.4 CITY-ST-ZIP	Jacksonville Fl 32208-4144	
TITLE ✓ **SD** ☐ DELETE	2.1 TITLE	☐ Addition	
NAME **HICKOX, GLYNN L**	2.2 NAME		
STREET ADDRESS **3145 HONEYWOOD DR**	2.3 STREET ADDRESS		
CITY-ST-ZIP **JACKSONVILLE FL 32277-3656**	2.4 CITY-ST-ZIP		
TITLE ✓ **D** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME **FLETCHER, RUSSELL D**	3.2 NAME		
STREET ADDRESS **10945 BRIDGES RD**	3.3 STREET ADDRESS		
CITY-ST-ZIP **JACKSONVILLE FL 32218**	3.4 CITY-ST-ZIP		
TITLE ✓ **D** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME **HARRIS, EDDIE J JR**	4.2 NAME		
STREET ADDRESS **2509 WILMONT CT**	4.3 STREET ADDRESS		
CITY-ST-ZIP **JACKSONVILLE FL 32218-5136**	4.4 CITY-ST-ZIP		
TITLE ✓ **TD** ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME **SHIFFLETT, CARL L**	5.2 NAME		
STREET ADDRESS **4819 LANNIE RD**	5.3 STREET ADDRESS		
CITY-ST-ZIP **JACKSONVILLE FL 32218-1148**	5.4 CITY-ST-ZIP		
TITLE **SD** ☒DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME **HICKOX, GLYNN L**	6.2 NAME		
STREET ADDRESS **3145 HONEYWOOD DR** *duplicate*	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, with all other like empowered.

SIGNATURE: X ~~SIGNATURE REQUIRED~~   3/4/99   (904) 764-0369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)