

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

04-19-2005 90378 001 ****61.25

66017108



DOCUMENT # C10281 1. Entity Name RIVERVIEW LODGE NO. 306 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FBI Number 23-7526528	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIVERVIEW LODGE NO 306 FLAM P.O. BOX 9084 JACKSONVILLE FL 32208-0094			Name <u>Roy Connor Sheppard</u> Street Address (P.O. Box Number is Not Acceptable) <u>220 Ocean St. N.</u> City <u>Jacksonville</u> FL <u>32202</u>		
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 <u>Roy Connor Sheppard</u> <u>5-9-05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 STREET ADDRESS CITY-ST-ZIP	D MINOR, RICHARD B 3046 BESSANT RD JACKSONVILLE, FL 322185008	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HICKOX, GLYNN L 3145 HONEYWOOD DR JACKSONVILLE, FL 322773656	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, EDDIE J JR 2509 WILMONT CT JACKSONVILLE, FL 322185136	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, HENRY W 243 BEACH DR FLORAHOME, FL 321401706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOURNIER, HERBERT H 54729 SHEFFIELD RD. CALLAHAN, FL 320118616	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eddie James Harris Jr 3509 Wilmont Ct Jacksonville FL 32218-5136 TREASURER (D) <input checked="" type="checkbox"/> Addition Joseph Morris Nordeng Sr 9833 Carbondale Dr W Jacksonville FL 32208-1520		
SIGNATURE: <u>Glynn L Hickox</u>			04/11/05 (904) 744-0182		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		