


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90253 045 \*\*\*\*61.25

<b>DOCUMENT # C10336</b> 1. Entity Name <b>RIBAUT LODGE NO. 272 FREE AND ACCEPTED MASONS OF FLOIRDA</b>					
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>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D		TITLE	Junior Warden (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UNDERWOOD, PHILO B <input checked="" type="checkbox"/> Delete		NAME	Stengle, Gary R.	
STREET ADDRESS	3116 COURTNEY WOOD LN W		STREET ADDRESS	14051 Pine Island Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEGROOT, EDWARD B III		NAME		
STREET ADDRESS	1263 WILLOW OAKS DR E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURTON, JAMES L		NAME		
STREET ADDRESS	39 SANDRA DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	T3 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, RAYMOND L		NAME		
STREET ADDRESS	660 MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FETTEROLF, HAROLD T JR		NAME		
STREET ADDRESS	1630 TOWNSEND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Harold T. Fetterolf Jr</u> <b>HAROLD T. FETTEROLF JR</b> <b>14 MAR 2006</b> <b>904-655-2885</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					