


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90380 024 ****61.25

DOCUMENT # N00000001711 1. Entity Name RIDGE MASONIC LODGE NO. 398, INC., FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3604792	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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 _____ (NOTE: Registered Agent signature required when reinstating)					
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	WDM	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHODES, CHARLEY W		NAME	Robert Alan Bernard	
STREET ADDRESS	8065 N. ISBEN DR.		STREET ADDRESS	61 E Ireland Ct	
CITY-ST-ZIP	DUNNELLON, FL 34433		CITY-ST-ZIP	Hernando FL 34442-8348	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHIENKER, GRANT R		NAME	John Michael Lee	
STREET ADDRESS	4289 E THUNDERHILL		STREET ADDRESS	5369 N Tumblewood Dr	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	Crystal River FL 34428-9426	
TITLE	SDW	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	BERNARD, ROBERT A		NAME	Henry Ludwig Oppenborn Jr	
STREET ADDRESS	5986 W. DOUNERY LOOP		STREET ADDRESS	1340 E Cleveland St	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	Hernando FL 34442-2810	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	HOFFMAN, JAMES F		NAME		
STREET ADDRESS	PO BOX 640601		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34464		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	RHODES, DUANE B		NAME		
STREET ADDRESS	2322 WEST GREEN POINT		STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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 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.					
SIGNATURE: <u>Grant R Schlenker</u> 4/11/05 (352) 344-0714					