

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90123 022 ****61.25

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**

50007113



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
23-7526528

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY C
220 OCEAN ST N
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of Registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☒ Delete
NAME **MORRIS, EDDIE J JR**
STREET ADDRESS **3509 WILMONT CT**
CITY-ST-ZIP **JACKSONVILLE, FL 322185008**

TITLE **SENIOR WARDEN** (D) Change ☒ Addition
NAME **Einar Trygve Nordeng Jr**
STREET ADDRESS **1467 Heritage Estates Trc**
CITY-ST-ZIP **Jacksonville FL 32220-1141**

TITLE **SD** ☐ Delete
NAME ☒ **HICKOX, GLYNN L**
STREET ADDRESS **3145 HONEYWOOD DR**
CITY-ST-ZIP **JACKSONVILLE, FL 322773656**

TITLE **JUNIOR WARDEN** (D) ☒ Addition
NAME **Wilbur Earl Burnett**
STREET ADDRESS **110 Canal Blvd**
CITY-ST-ZIP **Ponte Vedra Beach FL 32082-3606**

TITLE **TD** ☐ Delete
NAME ☒ **NORDENG, JOSEPH M SR**
STREET ADDRESS **9833 CARBONDALE DR W**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME ☒ **HART, HENRY W**
STREET ADDRESS **243 BEACH DR**
CITY-ST-ZIP **FLORAHOME, FL 321401706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FOURNIER, HERBERT H**
STREET ADDRESS **54729 SHEFFIELD RD.**
CITY-ST-ZIP **CALLAHAN, FL 320118616**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Glynn L. Hickox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/06
Date

904-764-0369
Daytime Phone #