

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90039 044 ****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**

20007651



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7526528

Applied For
Not Applicable

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, 2007**

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

TITLE **SWD** ☒ Delete
NAME **NORDENG, JR, ELINOR**
STREET ADDRESS **1467 HERITAGE ESTATES JR**
CITY-ST-ZIP **JACKSONVILLE, FL 322201141**

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

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

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

TITLE **JWD** ☒ Delete
NAME **BURNETT, WILBUR E**
STREET ADDRESS **110 CANAL BLVD.**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 320823606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
NAME **Elinor Trygve Nordeng Jr**
STREET ADDRESS **1467 Heritage Estates Trc**
CITY-ST-ZIP **Jacksonville FL 32220-1141**

TITLE **JUNIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Sheldon Wayne Burch**
STREET ADDRESS **8619 Washington Ave**
CITY-ST-ZIP **Jacksonville FL 32208-2659**

TITLE **SECRETARY (D)** ☒ Change ☐ Addition
NAME **Joseph Morris Nordeng Sr**
STREET ADDRESS **9833 Carbondale Dr W**
CITY-ST-ZIP **Jacksonville FL 32208-1520**

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

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

TITLE **TREASURER (D)** ☒ Addition
NAME **Donald Rudolph Preicott Jr**
STREET ADDRESS **3247 Turton Ave**
CITY-ST-ZIP **Jacksonville FL 32208-1316**

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:

Joseph M. Nordeng, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-07
Date

904-764-0369
Daytime Phone #