
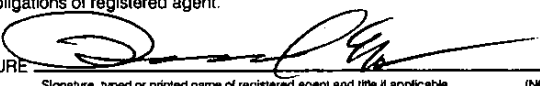
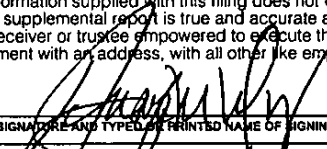


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90016 046 ****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 CONNAR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
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	4. FEI Number 23-7526528	
				Applied For <input type="checkbox"/> Not Applicable	
				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		
SHEPPARD, ROY C 220 OCEAN ST N JACKSONVILLE, FL 32202			Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
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  3/13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDENG, EINOR TRYGUE JR.		NAME	Donald Rudolph Prescott Jr	
STREET ADDRESS	1467 HERITAGE ESTATES TRC		STREET ADDRESS	8965 Monroe Ave	
CITY-ST-ZIP	JACKSONVILLE, FL 32201141		CITY-ST-ZIP	Jacksonville FL 32208-2339	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE SURCH, SHELDON		NAME	David Cornelius Prescott	
STREET ADDRESS	8619 WASHINGTON AVE.		STREET ADDRESS	8455 Paul Jones Dr	
CITY-ST-ZIP	JACKSONVILLE, FL 322082659		CITY-ST-ZIP	Jacksonville FL 32208-2864	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORDENG, JOSEPH MORRIS SR.		NAME		
STREET ADDRESS	9833 CARBONDALE DR W		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322081520		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNETT, WILBUR EARL		NAME		
STREET ADDRESS	110 CANAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESCOTT, DONALD RUDOLPH JR.		NAME	Henry Wiley Hart	
STREET ADDRESS	3247 TURTON AVE.		STREET ADDRESS	243 Beach Dr	
CITY-ST-ZIP	JACKSONVILLE, FL 322081316		CITY-ST-ZIP	Florahome FL 32140-1706	
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.					
SIGNATURE: 			3-508 591-8284 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					