
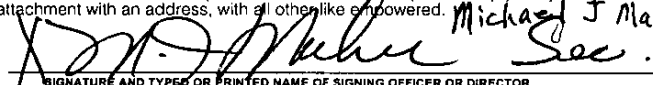


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90202 030 ****61.25

DOCUMENT # C10188					
1. Entity Name J. DEWEY HAWKINS LODGE NO. 331 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 59-6149069	
				Applied For 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 CONNOR 220 OCEAN STREET 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 _____ <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, 2006		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 NAME	SW ARCHIE, JULIAN	<input checked="" type="checkbox"/> Delete	TITLE NAME	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	417 E. SHERIDAN ST. #254		STREET ADDRESS	Julian Archie	
CITY-ST-ZIP	DANIA, FL 330044603		CITY-ST-ZIP	417 E Sheridan St #254 Dania FL 33004-4603	
TITLE NAME	JW RIBEIRO, NELSON G	<input checked="" type="checkbox"/> Delete	TITLE NAME	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	708 SE 2ND AVE #322		STREET ADDRESS	Michael S Binder	
CITY-ST-ZIP	DEERFIELD BEACH, FL 334415432		CITY-ST-ZIP	6800 NW 26th Way Ft Lauderdale FL 33309-1326	
TITLE NAME	D SANTOS, GILBERTO R DOS	<input checked="" type="checkbox"/> Delete	TITLE NAME	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	11331 NW 35TH ST		STREET ADDRESS	Otto Warne Crump III	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323		CITY-ST-ZIP	301 Gardens Dr #2 Pompano Beach FL 33069	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	SD MAHER, MICHAEL J	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7441 NW 1ST CT.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 330247212		CITY-ST-ZIP		
TITLE NAME	T GLADSTONE, STEPHEN R	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	21576 GUADALAJARA AVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 334337501		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Michael J. Maher		3-20-06 954-484-2928	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	