

**2024 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10188

**Entity Name:** J. DEWEY HAWKINS LODGE NO. 331 FREE AND ACCEPTED MASONS OF FLORIDA

**FILED**  
**Jan 24, 2024**  
**Secretary of State**  
**7821363042CC**

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST.  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN ST.  
JACKSONVILLE, FL 32202

**FEI Number: 59-6146069**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LYNN, RICHARD E  
220 OCEAN STREET  
JACKSONVILLE, FL 32202 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name BEIN, ARNOLD  
Address 10910 LADERA LN UNIT B  
City-State-Zip: BOCA RATON FL 33498

Title SECRETARY  
Name FREEBORN, JAMES R  
Address 5316 NW 5TH AVE  
City-State-Zip: OAKLAND PARK FL 33309

Title TREASURER  
Name BINDER, MICHAEL S  
Address 6800 NW 28TH WAY  
City-State-Zip: FORT LAUDERDALE FL 33309

Title PRESIDENT  
Name LAY, RANDALL K  
Address 249 SW 9TH CT  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name LAKHOYAN, VASKEN  
Address 2301 NE 9TH ST  
City-State-Zip: POMPANO BEACH FL 33062

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES R. FREEBORN**

**SECRETARY**

**01/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date