

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10090 (4)

1. Corporation Name

DAWKINS LODGE NO. 60 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business

Mailing Address

C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
03/24/1995

21 **Roy Connor SHEPPARD**
Suite/Apt. #, etc.

2a. Mailing Address
26 **Roy Connor SHEPPARD**
Suite/Apt. #, etc.

4. FEI Number
23-7526364

Applied For
Not Applicable

22 City & State

27 City & State

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202**

81 Name
82 Street Address (P.O. Box or Mailing Address Not Applicable)
**5000 N 1st St
-04/02/96-01061-001
***5083.75**
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Roy Connor Sheppard*

2/16/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | WMD | <input type="checkbox"/> DELETE |
| NAME | WATERS, RUDOLPH J R | |
| STREET ADDRESS | RT. 2 BOX 3800 | |
| CITY-ST-ZIP | GLEN ST. MARY FL 32040-9719 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | CONNER, ROBERT A | |
| STREET ADDRESS | RT 1 BOX 504 | |
| CITY-ST-ZIP | MACCLENNY FL | |
| TITLE | SWD | <input type="checkbox"/> DELETE |
| NAME | ADAMS, THOMAS J | |
| STREET ADDRESS | RR 1 BOX 5230 | |
| CITY-ST-ZIP | GLEN ST MARY FL 32040 | |
| TITLE | JWD | <input type="checkbox"/> DELETE |
| NAME | FORBES, WILLIAM A | |
| STREET ADDRESS | P.O. BOX 642 N/A | |
| CITY-ST-ZIP | MACCLENNY FL 32063-0642 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | LIVINGSTON, CHARLES W | |
| STREET ADDRESS | RT 1 BOX 228 | |
| CITY-ST-ZIP | MACCLENNY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--------------------------------------|
| 1.1 TITLE | WORSHIPFUL MASTER (D) |
| 1.2 NAME | THOMAS J ADAMS |
| 1.3 STREET ADDRESS | RR 1 BOX 5230 |
| 1.4 CITY-ST-ZIP | GLEN SAINT MARY FL 32040-9717 |
| 2.1 TITLE | SENIOR WARDEN (D) |
| 2.2 NAME | WILLIAM ALLEN FORBES |
| 2.3 STREET ADDRESS | PO BOX 642 N/A |
| 2.4 CITY-ST-ZIP | MACCLENNY FL 32063-0642 |
| 3.1 TITLE | JUNIOR WARDEN (D) |
| 3.2 NAME | HERSCHEL EUGENE WATERS |
| 3.3 STREET ADDRESS | RT 2 BOX 432 |
| 3.4 CITY-ST-ZIP | MACCLENNY FL 32063 |
| 4.1 TITLE | TREASURER (D) |
| 4.2 NAME | STANFORD DAVID HARVEY |
| 4.3 STREET ADDRESS | 450 S 6TH ST |
| 4.4 CITY-ST-ZIP | MACCLENNY FL 32063-2320 |
| 5.1 TITLE | SECRETARY (D) |
| 5.2 NAME | ROBERT ALLEN CONNER |
| 5.3 STREET ADDRESS | RT 1 BOX 504 |
| 5.4 CITY-ST-ZIP | MACCLENNY FL 32063-9754 |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qu... certify that the information indicated on this annual report or supplemental annual report is true and ac... 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... appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Sam Shaw*

2-27-96

994-259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (12/95)