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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202
C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 06/30/1992 3a. Date of Last Report 04/01/1996
4. FEI Number 23-7526364 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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: *[Signature]* DATE: 2-3-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, THOMAS J	
STREET ADDRESS	RR 1 BOX 5230	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040-9117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORBES, WILLIAM A	
STREET ADDRESS	PO BOX 642 N/A	
CITY-ST-ZIP	MACCLENNY FL 32063-0642	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATERS, HERSCHEL E	
STREET ADDRESS	RT 2 BOX 432	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HARVEY, STANFORD D	
STREET ADDRESS	450 S 6TH ST	
CITY-ST-ZIP	MACCLENNY FL 32063-2320	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CONNER, ROBERT A	
STREET ADDRESS	RT 1 BOX 504	
CITY-ST-ZIP	MACCLENNY FL 32063-9754	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	William Allen Forbes
1.3 STREET ADDRESS	Po Box 642 N/A
1.4 CITY-ST-ZIP	Macclenny Fl 32063-0642
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Herschel Eugene Waters
2.3 STREET ADDRESS	Rt 2 Box 432
2.4 CITY-ST-ZIP	Macclenny FL 32063
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Elisha Wilkerson Jr
3.3 STREET ADDRESS	Rt 2 Box 480
3.4 CITY-ST-ZIP	Macclenny Fl 32063-9536
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* ROBERT A. CONNER, SEC. 2-27-97 904-259-2318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6004072

1997-03-24