

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

**98 MAR 25 PM 1:26**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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

3. Date Incorporated or Qualified  
**06/30/1992**  
 4. FEI Number  
**23-7526364**  
 Applied For Not Applicable

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

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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)  
**100002469651 -- 9**  
 83 -03/26/98--01084--001  
 84 City **\*\*\*5083.75 \*\*\*61.25 FL Zip 32063**

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 **2/13/98**  
 Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FORBES, WILLIAM ALLEN</b>
STREET ADDRESS	<b>PO BOX 642 N/A</b>
CITY-ST-ZIP	<b>MACCLENNY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WATERS, HERSCHEL EUGEN</b>
STREET ADDRESS	<b>RT 2 BOX 432</b>
CITY-ST-ZIP	<b>MACCLENNY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WILKERSON JR, ELISHA</b>
STREET ADDRESS	<b>RT 2 BOX 480</b>
CITY-ST-ZIP	<b>MACCLENNY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HARVEY, STANDORD DAVID</b>
STREET ADDRESS	<b>450 S 6TH ST</b>
CITY-ST-ZIP	<b>MACCLENNY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CONNER, ROBERT ALLEN</b>
STREET ADDRESS	<b>RT 1 BOX 504</b>
CITY-ST-ZIP	<b>MACCLENNY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>WORSHIPFUL MASTER (D) X</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	<b>Herschel Eugene Waters</b>
1.3 STREET ADDRESS	<b>Rt 2 Box 432</b>
1.4 CITY-ST-ZIP	<b>Macclenny FL 32063</b>
2.1 TITLE	<b>SECRETARY (D) X</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	<b>Robert Allen Conner</b>
2.3 STREET ADDRESS	<b>RT 1 Box 504</b>
2.4 CITY-ST-ZIP	<b>Macclenny Fl 32063</b>
3.1 TITLE	<b>SENIOR WARDEN (D) X</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	<b>Elisha Wilkerson Jr</b>
3.3 STREET ADDRESS	<b>Rt 2 Box 480</b>
3.4 CITY-ST-ZIP	<b>Macclenny Fl 32063</b>
4.1 TITLE	<b>JUNIOR WARDEN (D) X</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	<b>Phillip Jaudon Adams Sr</b>
4.3 STREET ADDRESS	<b>Rt 1 Box 1270</b>
4.4 CITY-ST-ZIP	<b>Glen St Mary Fl 32040</b>
5.1 TITLE	<b>TREASURER (D)</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	<b>Stanford David Harvey</b>
5.3 STREET ADDRESS	<b>450 S 6th St</b>
5.4 CITY-ST-ZIP	<b>Macclenny Fl 32063</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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** **2-24-98** **904-259-2388**

CR2E037 (10/97)