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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10090

1. Corporation Name
DAWKINS LODGE NO. 60 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7526364
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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: *N/A* DATE: *N/A*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE WMD	WATERS, HERSCHEL E RT 2 BOX 432 MACCLENNY FL 32063	1.1 TITLE WORSHIPFUL MASTER (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE SD	CONNER, ROBERT ALLEN RT 1 BOX 504 MACCLENNY FL 32063	1.2 NAME HERSCHEL E. WATERS	
TITLE SWD	WILKERSON JR, ELISHA RT 2 BOX 480 MACCLENNY FL 32063	1.3 STREET ADDRESS Rt 2 Box 432	
TITLE JWD	ADAMS, PHILLIP JAUDON SR RT. 1 BOX 1270 GLEN ST MARY FL 32040	1.4 CITY-ST-ZIP Macclenny Fl 32063	2.1 TITLE SENIOR WARDEN (D) X
TITLE TD	HARVEY, STANFORD D 450 S. 6TH STREET MACCLENNY FL 32063	2.2 NAME Phillip Jaudon Adams Sr	2.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		2.3 STREET ADDRESS Rt 1 Box 1270	2.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		2.4 CITY-ST-ZIP Glen St Mary FL 32040	3.1 TITLE JUNIOR WARDEN (D) X
TITLE		3.2 NAME Wallace K Newman	3.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		3.3 STREET ADDRESS P.O. Box 776 N/A	3.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		3.4 CITY-ST-ZIP Macclenny FL 32063	4.1 TITLE
TITLE		4.2 NAME	4.2 NAME
TITLE		4.3 STREET ADDRESS	4.3 STREET ADDRESS
TITLE		4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE	5.1 TITLE
TITLE		5.2 NAME	5.2 NAME
TITLE		5.3 STREET ADDRESS	5.3 STREET ADDRESS
TITLE		5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE		6.1 TITLE	6.1 TITLE
TITLE		6.2 NAME	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.3 STREET ADDRESS
TITLE		6.4 CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: *Robert A. Conner* ROBERT A. CONNER 3-16-99 904-259-2318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)