


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90257 049 \*\*\*\*61.25

**DOCUMENT # C10090**

1. Entity 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

44025802



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02272004 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD DAVID HARVEY, STANFORD <input checked="" type="checkbox"/> Delete 450 S 6TH STREET MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD WILKERSON, ELISHA JR <input type="checkbox"/> Delete RT. 2 BOX 480 MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD BYRD STEPHENS, SHELBY <input checked="" type="checkbox"/> Delete 10345 OAK HILL RD GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EUGENE WATERS, HERSCHEL <input type="checkbox"/> Delete 237 IVY STREET MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNER, ROBERT A <input checked="" type="checkbox"/> Delete RT 1 BOX 504 MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shelby Byrd Stephens 10345 Oak Hill Rd Glen St. Mary FL 32040-9300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Herbert O Hicks 9761 LINWOOD DR GLEN ST MARY FL 32040 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert A. Conner 6145 Shelly Lane Macclenny, FL 32063-5425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Conner Sec. ROBERT A. CONNER 3-31-04 904-259-2318  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #