


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90283 028 \*\*\*\*61.25

|  |                           |  |   |   |  |    |          |
|--|---------------------------|--|---|---|--|----|----------|
| <b>DOCUMENT # C10090</b>   |                           |  |   |                |  |    |          |
| 1. Entity Name<br><b>DAWKINS LODGE NO. 60 FREE AND ACCEPTED MASONS OF FLORIDA</b>  |                           |  |   |   |  |    |          |
| Principal Place of Business<br>C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST<br>JACKSONVILLE, FL 32202   |                           |  | Mailing Address<br>C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST<br>JACKSONVILLE, FL 32202  |   |  |    |          |
| 2. Principal Place of Business   |                           | 3. Mailing Address   |   |   |  |    |          |
| Suite, Apt. #, etc.  |                           | Suite, Apt. #, etc.  |   |   |  |    |          |
| City & State   |                           | City & State   |   | 4. FEI Number<br><b>23-7526364</b>  |  |    |          |
| Zip  |                           | Zip  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |    |          |
| 6. Name and Address of Current Registered Agent  |                           |  | 7. Name and Address of New Registered Agent   |   |  |    |          |
| SHEPPARD, ROY CONNOR<br>220 OCEAN STREET<br>JACKSONVILLE, FL 32202   |                           |  | 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 _____  |                           |  |   |   |  |    |          |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>  |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |    |          |
| <b>Make check payable to Florida Department of State</b>   |                           |  |   |   |  |    |          |
| 10. OFFICERS AND DIRECTORS   |                           |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |    |          |
| TITLE  | WMD                       | <input type="checkbox"/> Delete  |   | TITLE   | WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |    |          |
| NAME   | STEPHENS, SHELBY B        |  |   | NAME  | Herbert Orie Hicks   |    |          |
| STREET ADDRESS   | 10345 OAK HILL RD         |  |   | STREET ADDRESS  | 9761 Glenwood Dr   |    |          |
| CITY-ST-ZIP  | GLEN SAINT MARY, FL 32040 |  |   | CITY-ST-ZIP   | Glen Saint Mary FL 32040-4721  |    |          |
| TITLE  | SWD                       | <input checked="" type="checkbox"/> Delete                                       |   | TITLE   | SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition                                     |    |          |
| NAME   | HICKS, HERBERT O          |  |   | NAME  | Donald Edward Ball   |    |          |
| STREET ADDRESS   | 9761 GLENWOOD DR          |  |   | STREET ADDRESS  | 6858 Miltondale Rd   |    |          |
| CITY-ST-ZIP  | GLEN SAINT MARY, FL 32040 |  |   | CITY-ST-ZIP   | Macclenny FL 32063-5533  |    |          |
| TITLE  | JWD                       | <input type="checkbox"/> Delete  |   | TITLE   | JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition                                     |    |          |
| NAME   | WILKERSON, ELISHA JR      |  |   | NAME  | Charles Bryan Lantz  |    |          |
| STREET ADDRESS   | 5690 CR 23B               |  |   | STREET ADDRESS  | 9138 Pine Top Rd   |    |          |
| CITY-ST-ZIP  | MACCLENLY, FL 320634134   |  |   | CITY-ST-ZIP   | Glen Saint Mary FL 32040-4672  |    |          |
| TITLE  | T                         | <input type="checkbox"/> Delete  |   | TITLE   |  |    |          |
| NAME   | EUGENE WATERS, HERSCHEL   |  |   | NAME  |  |    |          |
| STREET ADDRESS   | 237 IVY STREET            |  |   | STREET ADDRESS  |  |    |          |
| CITY-ST-ZIP  | MACCLENLY, FL 32063       |  |   | CITY-ST-ZIP   |  |    |          |
| TITLE  | SD                        | <input type="checkbox"/> Delete  |   | TITLE   |  |    |          |
| NAME   | CONNER, ROBERT A          |  |   | NAME  |  |    |          |
| STREET ADDRESS   | 6145 SHELLY LN            |  |   | STREET ADDRESS  |  |    |          |
| CITY-ST-ZIP  | MACCLENLY, FL 32063       |  |   | CITY-ST-ZIP   |  |    |          |
| TITLE  |                           | <input type="checkbox"/> Delete  |   | TITLE   |  |    |          |
| NAME   |                           |  |   | NAME  |  |    |          |
| STREET ADDRESS   |                           |  |   | STREET ADDRESS  |  |    |          |
| CITY-ST-ZIP  |                           |  |   | CITY-ST-ZIP   |  |    |          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>X Robert A. Conner Sec.</i>  |                           | ROBERT A. CONNER, SEC. 3-4-06 904-259-2318                                       |   |   |  |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                           | Date   |   | Daytime Phone #   |  |    |          |