## 2013 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10090

Entity Name: DAWKINS LODGE NO. 60 FREE AND ACCEPTED MASONS OF

**FLORIDA** 

Feb 02, 2013 **Secretary of State** CC4994851537

**FILED** 

# **Current Principal Place of Business:**

RICHARD E. LYNN 220 OCEAN ST JACKSONVILLE, FL 32202

# **Current Mailing Address:**

P. O. BOX 1020 220 OCEAN ST JACKSONVILLE, FL 32201

FEI Number: 23-7526364 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LYNN, RICHARD E 220 OCEAN STREET JACKSONVILLE, FL 32202 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

# Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** 

ADAMS, THOMAS J Name Name BELLOVICH, JOHN E 12531 WEST CONFEDERATE DRIVE Address Address 725 MILTONDALE ROAD

City-State-Zip: MACCLENNY FL 32063-5526 City-State-Zip: GLEN SAINT MARY FL 32040-3875

Title **SECRETARY** Title DIRECTOR

SCOTT, LAWRENCE C Name LANTZ, CHARLES B Name

Address 233 E MACCLENNY AVENUE 9138 PINE TOP ROAD Address

City-State-Zip: MACCLENNY FL 32063-2121 City-State-Zip: GLEN SAINT MARY FL 320404672

Title D

Name ADAMS, PHILLIP J SR Address 8975 PINE TOP ROAD

GLEN SAINT MARY FL 32040-4677 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE C. SCOTT

**SECRETARY** 

02/02/2013