

**2018 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10090

**FILED  
Mar 28, 2018  
Secretary of State  
CC0505537145**

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

**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           DIRECTOR  
Name           EBERLE, ROBERT  
Address        7910 BRIARWOOD CIR  
City-State-Zip: GLEN SAINT MARY FL 32040-4706

Title           TREASURER  
Name           BELLOVICH, JOHN E  
Address        725 MILTONDALE ROAD  
City-State-Zip: MACCLENNY FL 32063-5526

Title           PRESIDENT  
Name           HARVEY, STANFORD D  
Address        450 SOUTH 6TH STREET  
City-State-Zip: MACCLENNY FL 32063

Title           SECRETARY  
Name           SCOTT, LAWRENCE C  
Address        233 EAST MACCLENNY AVENUE  
City-State-Zip: MACCLENNY FL 32063

Title           DIRECTOR  
Name           HOUSAND, RODNEY  
Address        594 INDEPENDENCE DR  
City-State-Zip: MACCLENNY FL 32063

*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**

**03/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date