

**2024 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10090

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

**FILED**  
**Jan 18, 2024**  
**Secretary of State**  
**3871476001CC**

**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 VP  
Name WALTMAN, BRADFORD JR  
Address 11127 BLUFF CREEK RD  
City-State-Zip: GLEN SAINT MARY FL 32040

Title PRESIDENT  
Name EBERLE, ROBERT J  
Address 7910 BRIARWOOD CIR  
City-State-Zip: GLEN SAINT MARY FL 32040

Title TREASURER  
Name BELLOVICH, RYAN E  
Address 725 MILTONDALE RD  
City-State-Zip: MACCLENNY FL 32063

Title SECRETARY  
Name HOUSAND, RODNEY K  
Address 12680 FOLSOM ROAD  
City-State-Zip: SANDERSON FL 32087

Title DIRECTOR  
Name HOUSAND, CHARLES C  
Address PO BOX 233  
City-State-Zip: SANDERSON FL 32087

*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: RODNEY K. HOUSAND**

**SECRETARY**

**01/18/2024**

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

\_\_\_\_\_  
Date