FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 20 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****465.00 ****155.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # C10174 (6)

1. Corporation Name

CORNERSTONE LODGE NO. 386 FREE AND ACCEPTED MASO NS OF FLORIDA

Principal Place of Business	Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202	C/O ~~WILLIAM G WOLF~~ Roy Sheppard 220 OCEAN ST. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2421831 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 ~~P.O. Box 7176~~
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ~~Port St. Lucie, FL.~~
Zip 24 Country 25	Zip 29 ~~34985-7176~~ Country 30 ~~USA~~

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLF, WILLIAM G 220 OCEAN STREET JACKSONVILLE FL 32202	81 SHEPPARD, ROY CONNOR 82 220 OCEAN STREET 83 JACKSONVILLE FL 32202 84

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 5/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WM	1 1 TITLE	WORSHIPFUL MASTER /D
NAME	MCGHEE, ROBERT L II	1 2 NAME	STEVEN P WEINKRANTZ
STREET ADDRESS	1997 SE FRANCISCAN ST	1 3 STREET ADDRESS	226 E. ARBOR AVE.
CITY-ST-ZIP	PORT ST LUCIE FL	1 4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	S	2 1 TITLE	SECRETARY RICHARD J SHEPARD /D
NAME	FOOTE, GARDNER S	2 2 NAME	
STREET ADDRESS	785 SE WHITMORE DR	2 3 STREET ADDRESS	P.O. BOX 7591 N/A
CITY-ST-ZIP	PORT ST LUCIE FL	2 4 CITY-ST-ZIP	PORT ST LUCIE, FL 34985-7591
TITLE	SW	3 1 TITLE	SENIOR WARDEN /D
NAME	BIAS, ROBERT A	3 2 NAME	RICHARD FRELIN BELLOMY
STREET ADDRESS	PO BOX 914 N/A	3 3 STREET ADDRESS	5802 PALM DRIVE
CITY-ST-ZIP	STUART FL	3 4 CITY-ST-ZIP	FT. PIERCE FL 34982
TITLE	JW	4 1 TITLE	JUNIOR WARDEN /D
NAME	WEINKRANTZ, STEVEN P	4 2 NAME	MICHAEL IRA KELLEY
STREET ADDRESS	638 NW KILDARE ST	4 3 STREET ADDRESS	452 FERNANDINA AVE
CITY-ST-ZIP	PORT ST LUCIE FL	4 4 CITY-ST-ZIP	FORT PIERCE FL 34949
TITLE	T	5 1 TITLE	TREASURER /D
NAME	HAEFNER, FREDERICK C JR	5 2 NAME	FREDERICK CHARLES HAEFNER JR
STREET ADDRESS	457 NE ARMORY CIR	5 3 STREET ADDRESS	457 NE ARMORY CIR
CITY-ST-ZIP	PORT ST LUCIE FL	5 4 CITY-ST-ZIP	PORT SAINT LUCIE FL 34983-1738
TITLE		6 1 TITLE	
NAME	SP 6/20	6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard J Shepard 6/1/95 407 335-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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