## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

C10174 DOCUMENT #

(6)

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

Principal Place of Business Mailing Address C/O ROY SHEPARD C/O WILLIAM G WOLF 220 OCEAN ST 220 OCEAN ST. JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1992 06/20/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2421831 Not Applicable 21 Roy Connox. 26 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, 7<sub>m</sub> Country Zio Yes No 30 Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHEPPARD, ROY C 82 Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET 83 JACKSONVILLE FL 32202 Zip Code City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 withy and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) thed or printed name of registered agent and t O OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES 13. OFFICERS AND DIRECTORS 12. DELETE 1 1 TITLE TITLE WORSHIPFUL MASTER (D) 1.2 NAME WEINKRANTZ, STEVEN P NAME RICHARD FRELIN BELLOMY 226 E ARBOR AVE 1.3 STREET ADDRESS STREET ADDRESS 2606 SW ANN ARBOR RD PORT ST LUCIE FL 34952 1.4 CITY-ST-ZIP CHY-ST-ZIP FT. PIERCE FL 34953 DELETE 21 TITLE TITLE 2.2 NAME SHEPARD, RICHARD J SENIOR WARDEN (D) NAME P.O. BOX 7591 N/A 2.3 STREET ADDRESS STREET ADDRESS MICHAEL IRA KELLEY PORT ST LUCIE FL 34985-7591 2.4 CITY-ST-ZIP CITY-ST-ZIP P 0 BOX 3031 3.1 TITLE DELETE THILE SWD FORT PIERCE FL 34954-3031 3.2 NAME BELLOMY, RICHARD F NAME JUNIOR WARDEN (D) 3.3 STREET ADDRESS 5802 PALM DRIVE STREET ADDRESS 3.4 CITY-ST-ZIP FT PIERCE FL 34982 WILLIAM R SMITH CITY-ST-ZIP DELETE 4.1 TITLE JWD 752 ALTURA STREET TILLE 4 2 NAME KELLEY, MICHAEL I PORT ST LUCIE FL 34952 NAM:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not q certify that the information indicated on this annual report or supplemental annual report is true and acceptable to the information indicated on this annual report or supplemental annual report is true and acceptable to 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.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRE

54 CiTY-ST-ZiP

6.3 STREET ADDRES

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

452 FERNANDINA AVE

FORT PIERCE FL 34949

**457 NE ARMORY CIR** 

HAEFNER, FREDERICK C JR

PORT ST LUCIE FL 34983-1738

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

City-St-ZiP

CITY - ST - ZIP

TITLE

NAME

TIFLE

NAME

457 NE ARMORY CIR

RICHARD JAMES SHEPARD

FORT PIERCE FL 34985-7591

TREASURER

SECRETARY

PO BOX 7591

2-28-94 354-2339

(D)

(D)

FREDERICK CHARLES HAEFNER JR

PORT SAINT LUCIE FL 34983-1738

CR2E037 (12/95)