

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10174** (6)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US**

**C/O ROY SHEPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1992		3a. Date of Last Report 03/13/1996	
21		26		4. FEI Number 59-2421831		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ROY C
220 OCEAN STREET
JACKSONVILLE FL 32202**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER D
NAME	WEINKRANTZ, STEVEN P	1.2 NAME	William R Smith
STREET ADDRESS	228 E ARBOR AVE	1.3 STREET ADDRESS	752 Altura Street
CITY-ST-ZIP	PORT ST LUCIE FL 34952	1.4 CITY-ST-ZIP	Port St Lucie FL 34952
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN D
NAME	SHEPARD, RICHARD J	2.2 NAME	Frederick C Stouky
STREET ADDRESS	P.O. BOX 7591 N/A	2.3 STREET ADDRESS	2051 S W Judith Lane
CITY-ST-ZIP	PORT ST LUCIE FL 34985-7591	2.4 CITY-ST-ZIP	Port St Lucie FL 34953
TITLE	SWD <input type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN D
NAME	BELLOMY, RICHARD F	3.2 NAME	Richard James Shepard
STREET ADDRESS	5802 PALM DRIVE	3.3 STREET ADDRESS	Po Box 7591 N/A
CITY-ST-ZIP	FT PIERCE FL 34982	3.4 CITY-ST-ZIP	Fort Pierce FL 34985-7591
TITLE	JWD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER D
NAME	KELLEY, MICHAEL I	4.2 NAME	Frederick Charles Haefner Jr
STREET ADDRESS	452 FERNANDINA AVE	4.3 STREET ADDRESS	457 NE Armory Cir
CITY-ST-ZIP	FORT PIERCE FL 34949	4.4 CITY-ST-ZIP	Port Saint Lucie FL 34983-1738
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY D
NAME	HAEFNER, FREDERICK C JR	5.2 NAME	Steven Paul Weinkrantz
STREET ADDRESS	457 NE ARMORY CIR	5.3 STREET ADDRESS	1994 S E Cheltenham St
CITY-ST-ZIP	PORT ST LUCIE FL 34983-1738	5.4 CITY-ST-ZIP	Port St. Lucie FL 34983
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	200002142592
NAME	SHEPARO, RICAHRD JAMES	6.2 NAME	-04/14/97--01040--029
STREET ADDRESS	P OBOX 7591	6.3 STREET ADDRESS	***2633.75
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

561-871-5000

Date

Daytime Phone 0004102

(96/6) 1/2/24/24