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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # C10174 (6)

1. Corporation Name

CORNERSTONE LODGE NO. 386 FREE AND ACCEPTED MASONS 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

3. Date Incorporated or Qualified: 06/30/1992

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHEPPARD, ROY C
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 100002485071

83 -04/13/98--01018--026
***5089.75

84 City FL 85 Zip Code

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 _____ 2-13-98
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	WMD	☐ DELETE	1.1 TITLE	WORSHIPFUL MASTER (D)	☒ Change ☐ Addition
NAME	SMITH, WILLIAM R		1.2 NAME	Frederick C Stouky	
STREET ADDRESS	752 ALTURA STREET		1.3 STREET ADDRESS	2051 S W Judith Lane	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		1.4 CITY-ST-ZIP	Port St Lucie FL 34953	
TITLE	SWD	☐ DELETE	2.1 TITLE	SECRETARY (D)	☒ Change ☐ Addition
NAME	STOUKY, FREDERICK C		2.2 NAME	Steven Paul Weinkrantz	
STREET ADDRESS	2051 SW JUDITH LANE		2.3 STREET ADDRESS	PO Box 7176 N/A	
CITY-ST-ZIP	PORT ST LUCIE FL 34953		2.4 CITY-ST-ZIP	Port St. Lucie FL 34985	
TITLE	JWD	☐ DELETE	3.1 TITLE	SENIOR WARDEN (D)	☒ Change ☐ Addition
NAME	SHEPARD, RICHARD JAMES		3.2 NAME	Richard James Shepard	
STREET ADDRESS	P.O. BOX 7591 N/A		3.3 STREET ADDRESS	Po Box 7591 N/A	
CITY-ST-ZIP	FORT PIERCE FL 34985-7591		3.4 CITY-ST-ZIP	Fort Pierce Fl 34985-7591	
TITLE	TD	☐ DELETE	4.1 TITLE	JUNIOR WARDEN (D)	☒ Change ☐ Addition
NAME	HAEFNER, JR., FREDERICK C		4.2 NAME	James E Gillis Jr	
STREET ADDRESS	457 NE ARMORY CIR		4.3 STREET ADDRESS	849 S E Damask Ave	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983-1738		4.4 CITY-ST-ZIP	Port St Lucie FL 34983	
TITLE	SD	☐ DELETE	5.1 TITLE	TREASURER (D)	☒ Change ☐ Addition
NAME	WEINKRANTZ, STEVEN PAUL		5.2 NAME	Frederick Charles Haefner Jr	
STREET ADDRESS	1994 SE CHELTENHAM ST		5.3 STREET ADDRESS	457 NE Armory Cir	
CITY-ST-ZIP	PORT ST LUCIE FL 34983		5.4 CITY-ST-ZIP	Port Saint Lucie Fl 34983-1738	
TITLE		☐ DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: _____ 3/9/98 561-871-5010