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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10174

1. Corporation Name

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

Principal Place of Business

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

☐

\$5.00 May Be
Added to Fees

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)

83

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

N/A

12. OFFICERS AND DIRECTORS

TITLE	JWD	<input checked="" type="checkbox"/> DELETE
NAME	GILLIS, JAMES E JR	
STREET ADDRESS	849 S E DAMASK AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	WMD	<input checked="" type="checkbox"/> DELETE
NAME	STOUKY, FREDERICK C	
STREET ADDRESS	2051 SW JUDITH LANE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	SWD	<input checked="" type="checkbox"/> DELETE
NAME	SHEPARD, RICHARD JAMES	
STREET ADDRESS	P.O. BOX 7591 N/A	
CITY-ST-ZIP	FORT PIERCE FL 34985-7591	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHARLES HAEFNER, FREDERICK JR	
STREET ADDRESS	457 NE ARMORY CIR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983-1738	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEINKRANTZ, STEVEN PAUL	
STREET ADDRESS	P.O. BOX 7176 N/A	
CITY-ST-ZIP	PORT ST LUCIE FL 34985	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard James Shepard
1.3 STREET ADDRESS	Po Box 7591 N/A
1.4 CITY-ST-ZIP	Fort Pierce FL 34985-7591
2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James E Gillis Jr
2.3 STREET ADDRESS	849 S E Damask Ave
2.4 CITY-ST-ZIP	Port St Lucie FL 34983
3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Radford Thomas Gerald
3.3 STREET ADDRESS	1371 S E Petunia St
3.4 CITY-ST-ZIP	Port St Lucie FL 34952
4.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gardner Starr Foote
4.3 STREET ADDRESS	553 SW New Castle Cove
4.4 CITY-ST-ZIP	Port Saint Lucie FL 34986
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Worshipful Master

3-3-99 904354-2339
Date Daytime Phone #

CR2E037 (11/98)