

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91757 042 ****61.25

DOCUMENT # C10174

1. Entity Name

CORNERSTONE LODGE NO. 386 FREE AND ACCEPTED
MASONS OF FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ROY CONNOR SHEPPARD

3. Mailing Address

ROY CONNOR SHEPPARD

Suite, Apt. #, etc.

220 OCEAN STREET

Suite, Apt. #, etc.

220 OCEAN STREET

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32202

Country

Zip

32202

Country

4. FEI Number

59-2421831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROY CONNOR SHEPPARD

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

220 OCEAN STREET

City

JACKSONVILLE

FL

Zip Code
32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) PAUL J. SOLET 2231 S.E. LUCAYA ST. PORT ST. LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) STANLEY L. HUDSON 1680 S.W. CEFALU CIRCLE PORT ST. LUCIE FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) JAMES F. GOODMAN 1629 S.E. OCEAN LANE PORT ST. LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) RICHARD J. SHEPARD P O BOX 7591 N/A PORT ST. LUCIE FL 34952-7591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) HAROLD W. MEADOWS P O BOX 7187 N/A PORT ST. LUCIE FL 34985-7187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

Paul J. Solet

SIGNATURE: *X Paul J. Solet, W.M.*

4-23-02

904-354-2229