

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90201 022 ****61.25

DOCUMENT # C10174



1. Entity Name
 CORNERSTONE LODGE NO. 386 FREE AND ACCEPTED
 MASONS 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
 59-2421831

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, ROY C
 220 OCEAN STREET
 JACKSONVILLE, FL 32202

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
 Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEPARD, RICHARD J PO BOX 7591 PORT SAINT LUCIE, FL 349527591 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEADOWS, HAROLD W PO BOX 7187 N/A PORT ST. LUCIE, FL 34985 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD HUDSON, STANLEY L 1680 SW CEFALU CIRCLE PORT SAINT LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD GOODMAN, JAMES F 1629 SE OCEAN LANE PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD MORIATIS, MICHAEL 714 NW JORDAN TERR PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James Franklin Goodman Sr 1629 S E OCEAN LANE PORT ST LUCIE FL 34983-3895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Michael Allen Moriatis 714 NE Jordan Terrace Port St. Lucie FL 34983-1272 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold W Meadows PM. Sec*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-06-04 Daytime Phone #: 772-344-1710