2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

[redacted] 03-13-2007 90015 050 ****61.25

FILED

2007 MAR 26 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40034801

02092007 Chg-NP CR2E037 (12/06)

DOCUMENT # C10174

1. Entity 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	ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number
59-2421831

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPPARD, ROY C
220 OCEAN STREET
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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, 2007

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUDSON, STANLEY 1680 SW CEFALV CIR PORT SAINT LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WMD MORIATIS, MICHAEL A 714 NE JORDAN TER PORT SAINT LUCIE, FL 349831272	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WORSHIPFUL MASTER (D) ☐ Change ☒ Addition James Franklin Goodman Sr 1629 SE Ocean Ln Port Saint Lucie FL 34983-3895
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD REYNOLDS, HARRY G 246 SW LAKE FOREST WAY PORT SAINT LUCIE, FL 349861786	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR WARDEN (D) ☒ Change ☐ Addition Harry George Reynolds 246 SW Lake Forest Way Port Saint Lucie FL 34986-1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WENIKRANTZ, STEVEN P 551 NW WAVERLY CR FORT PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 4/2/07	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Steven P Weinkrantz

SIGNATURE: X _____ 3/6/07 772-344-9397
SIGNATURE AND TYPED OR PRINTED NAME OF SUCCESSOR OFFICER OR DIRECTOR — Date — Daytime Phone #