
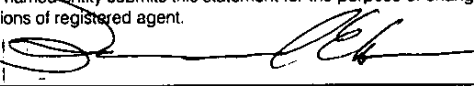
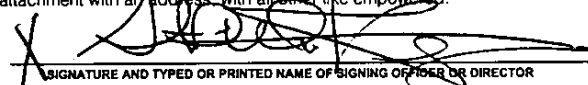


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90024 023 \*\*\*\*61.25

<b>DOCUMENT # C10174</b>					
<b>1. Entity Name</b> CORNERSTONE LODGE NO. 386 FREE AND ACCEPTED MASONS OF FLORIDA					
<b>Principal Place of Business</b> ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			<b>Mailing Address</b> ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2421831	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SHEPPARD, ROY C 220 OCEAN STREET JACKSONVILLE, FL 32202			Lynn, Richard-Edward 220 Ocean Street Jacksonville, Florida 32202		
<b>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.</b>					
SIGNATURE: 				DATE: 3/28/08	
Filing Fee is \$61.25 Due by May 1, 2008				<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	
				<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input checked="" type="checkbox"/>	SHEPARD, RICHARD J		NAME		
STREET ADDRESS	PO BOX 7591		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349527591		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input checked="" type="checkbox"/>	HUDSON, STANLEY		NAME		
STREET ADDRESS	1680 SW CEFALV CIR		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOODMAN, JAMES F SR		NAME	JUNIOR WARDEN	
STREET ADDRESS	1629 SE OCEAN LN		STREET ADDRESS	Werner R Olle	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349833895		STREET ADDRESS	6525 SE Broadmoor Ln	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	Stuart FL 34997-4738	
NAME	REYNOLDS, HARRY G		TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	246 SW LAKE FOREST WAY		NAME	Harry George Reynolds	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349861786		STREET ADDRESS	246 SW Lake Forest Way	
TITLE	S	<input type="checkbox"/> Delete	CITY-ST-ZIP	Port Saint Lucie, FL 34986-1786	
NAME <input checked="" type="checkbox"/>	WENIKRANTZ, STEVEN P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	551 NW WAVERLY CR		NAME		
CITY-ST-ZIP	FORT PIERCE, FL 34982		STREET ADDRESS		
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 3/24/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					