

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10174

FILED
Apr 01, 2011
Secretary of State

Entity Name: CORNERSTONE LODGE NO. 386 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

RICHARD E. LYNN
220 OCEAN ST.
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

RICHARD E. LYNN
220 OCEAN ST.
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-2421831 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LYNN, RICHARD E
220 OCEAN STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: SHEPARD, RICHARD J
Address: PO BOX 7591
City-St-Zip: PORT SAINT LUCIE, FL 349527591

Title: JWD
Name: NELSON, SCOTT
Address: 2191 S/E WATERCREST STREET
City-St-Zip: PORT SAINT LUCIE, FL 349844737

Title: WMD
Name: HUDSON, STANLEY L
Address: 1680 S/W CEFALU CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SWD
Name: HETZEL, MICHAEL R
Address: 130 S/W OAKLAND AVENUE
City-St-Zip: PORT ST. LUCIE, FL 349533540

Title: SD
Name: REYNOLDS, HARRY G
Address: P. O. BOX 7249
City-St-Zip: PORT ST LUCIE, FL 24985

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD E. LYNN

GS

04/01/2011

Electronic Signature of Signing Officer or Director

Date