FILE NOW; FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005851 392

1. Corporation Name
TRIANGLE LODGE NO. 392 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business
c/oROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202

Mailing Address
same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/94
3a. Date of Last Report: 11/19/94
4. FEI Number: 65-0530343 (Applied For / Not Applicable)

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

.SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Roy Connor Sheppard, Jr. DATE: 3/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP: WORSHIPFUL MASTER/D MICHAEL GENE LEGUM 444 N. E. 206TH LANE N. MIAMI BEACH FL 33179-1877
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100001484701 -05/11/95--01098--004 ***2600.00 ****130.00	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP: SENIOR WARDEN/D LARRY EDWARD SCHOOLEY 109 S 57TH AVE HOLLYWOOD FL 33021-6309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP: JUNIOR WARDEN/D DONALD RICHARD MARLER 6320 LEE ST. HOLLYWOOD FL 33024-4117
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/1/95 MB	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP: TREASURER/D HOWARD ANDREW REECK 12701 S. W. 13TH ST. PEMBROKE PINES FL 33027-2124
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP: SECRETARY/D JOHN WILLIAM HUBER 7060 SW 16TH CT HOLLYWOOD FL 33023-2034
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, added or on an attachment with an address.

SIGNATURE: X _____ 4/3/95 (904) 354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #