

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005851 (0)

1. Corporation Name

TRIANGLE LODGE NO. 392, INC., FREE AND ACCEPTED
MASONS OF FLORIDAPrincipal Place of Business Mailing Address
C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD
220 OCEAN STREET 220 OCEAN STREET
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified 11/19/1994 3a. Date of Last Report 03/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0530343	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0503, Florida Statutes.

SIGNATURE DATE 2-3-97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	1.1 TITLE	WORSHIPFUL MASTER D
NAME	LEGUM, MICHAEL G	1.2 NAME	DONALD RICHARD MARLER
STREET ADDRESS	444 N.E. 206TH LANE	1.3 STREET ADDRESS	6320 LEE ST.
CITY-ST-ZIP	N. MIAMI BEACH FL 33179-1877	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024-4117
TITLE	SWD	2.1 TITLE	SENIOR WARDEN D
NAME	SCHOOLEY, LARRY E	2.2 NAME	GREGORY LYNN HORTON SR
STREET ADDRESS	109 S 57TH AVE.	2.3 STREET ADDRESS	9737 N.W. 41ST ST. #275
CITY-ST-ZIP	HOLLYWOOD FL 33021-6309	2.4 CITY-ST-ZIP	MIAMI, FL 33178
TITLE	JWD	3.1 TITLE	JUNIOR WARDEN D
NAME	MARLER, DONALD R	3.2 NAME	EDMUND GRIFFITH JACKSON JR
STREET ADDRESS	6320 LEE ST.	3.3 STREET ADDRESS	2031 S.W. 67TH AVENUE
CITY-ST-ZIP	HOLLYWOOD FL 33024-4117	3.4 CITY-ST-ZIP	MIRAMAR, FL 33023-2742
TITLE	TD	4.1 TITLE	TREASURER D
NAME	REECK, HOWARD A	4.2 NAME	LARRY EDWARD SCHOOLEY
STREET ADDRESS	12701 S.W. 13TH ST.	4.3 STREET ADDRESS	109 S. 57TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL 33027-2124	4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	SD	5.1 TITLE	SECRETARY D
NAME	HUBER, JOHN W	5.2 NAME	FREDERICK D. LLOYD JR
STREET ADDRESS	7080 SW 16TH CT.	5.3 STREET ADDRESS	11050 S.W. 9TH PLACE
CITY-ST-ZIP	HOLLYWOOD FL 33023-2034	5.4 CITY-ST-ZIP	DAVIE, FL 33324-4109
TITLE	SD	6.1 TITLE	
NAME	HUBER, JOHN WILLIAM	6.2 NAME	
STREET ADDRESS	7080 SW 16TH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 if changed, or on an attachment with an address.

SIGNATURE: DATE 03/02/97
F. D. Lloyd, Jr. 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR