



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90380 023 \*\*\*\*61.25

<b>DOCUMENT # N00000000864</b>					
<b>1. Entity Name</b> VERITAS LODGE NO. 396, INC. FREE AND ACCEPTED MASONS OF FLORIDA					
<b>Principal Place of Business</b> ROY CONNOY SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			<b>Mailing Address</b> C/O ROY CONNOY SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232005    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 65-0934113	
Zip		Country		<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 CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL    Zip Code</span>	
<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> WMD <b>NAME</b> TAYLOR, ROBERT D <b>STREET ADDRESS</b> 1766 50TH TERR. SW <b>CITY-ST-ZIP</b> NAPLES, FL 341165766	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> WORSHIPFUL MASTER (D) <b>NAME</b> George Russell Tomlinson, <b>STREET ADDRESS</b> 103 Jaimine Ln <b>CITY-ST-ZIP</b> Naples FL 34114-8111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SWD <b>NAME</b> SWENSON, EVERETT J <b>STREET ADDRESS</b> 909 MANATEE RD. <b>CITY-ST-ZIP</b> NAPLES, FL 341148266	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SENIOR WARDEN (D) <b>NAME</b> Elmer L Evans <b>STREET ADDRESS</b> 457 Maplewood Ln <b>CITY-ST-ZIP</b> Naples FL 34112-7215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> ELLIOTT, THOMAS A <b>STREET ADDRESS</b> 4818 CORTEZ CIR <b>CITY-ST-ZIP</b> NAPLES, FL 341123712	<input type="checkbox"/> Delete		<b>TITLE</b> JUNIOR WARDEN (D) <b>NAME</b> Neil Edward Gibson <b>STREET ADDRESS</b> 3388 Captains Cove <b>CITY-ST-ZIP</b> Naples FL 34112-5916	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> JWD <b>NAME</b> GRIFFITH, JOHN E SR <b>STREET ADDRESS</b> 5313 WARRENS ST. <b>CITY-ST-ZIP</b> NAPLES, FL 341138779	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TREASURER (D) <b>NAME</b> Donald Lee Dunmire <b>STREET ADDRESS</b> 3132 50th St SW <b>CITY-ST-ZIP</b> Naples FL 34116-8120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> WARDLE, CLAUDE V <b>STREET ADDRESS</b> 6660 #2 BEACH RESORT DR <b>CITY-ST-ZIP</b> NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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> <i>Thomas A. Elliott</i>			Date: 4/5/05    Daytime Phone #: 239 793-3467		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					