


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90342 050 \*\*\*\*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> C/O 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.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0934113	
<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		
			FL Zip Code		
<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>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <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> NAME STREET ADDRESS CITY-ST-ZIP	WMD TOMLINSON, GEORGE R 103 JASMINE LN NAPLES, FL 341148111	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) 1 Change <input checked="" type="checkbox"/> Addition John Edward Griffith Sr 5313 Warren St Naples FL 34113-8779	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SWD EVANS, ELMER L 467 MAPLEWOOD LN NAPLES, FL 341127215	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Jean Domec Monvil 116 6th St Naples FL 34113-8536	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> <b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIOTT, THOMAS A 4818 CORTEZ CIR NAPLES, FL 341123712	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Peter Stephen Hinkley 1236 Laurel Ct Marco Island FL 34145-2352	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	JWD GIBSON, NEIL E 3388 CAPTAINS COVE NAPLES, FL 341125916	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> <b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD DUNMIRE, DONALD L 3132 50TH ST SW NAPLES, FL 341168120	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<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 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> <u>Thomas A Elliott</u> <u>Thomas A Elliott</u>			3/7/06 239-793-3467		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		