

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 14 AM 9:17

DOCUMENT # **726955** (8)

1. Corporation Name

**FLORIDA STATE ELKS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**FLORIDA STATE ELKS ASSOC INC P O BOX 49  
635 UMATILLA BLVD  
UMATILLA FL 32784** **FLORIDA STATE ELKS ASSOC INC P O BOX 49  
635 UMATILLA BLVD  
UMATILLA FL 32784**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/16/1973** 3a. Date of Last Report **04/21/1994**  
4. FEI Number **59-0647830** Applied For Not Applicable  
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

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

9. Name and Address of Current Registered Agent  
**FRANK D WILLIS JR  
635 UMATILLA BLVD  
UMATILLA FL 32784**  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	\$	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, FRANK D. JR.	1.2 NAME	
STREET ADDRESS	635 UMATILLA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOMMANNI, GEORGE	2.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 055	2.3 STREET ADDRESS	D Spadafora, Frank J.
CITY-ST-ZIP	KEYSTONE HEIGHT FL	2.4 CITY-ST-ZIP	1985 Illinois Ave.
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, CARL	3.2 NAME	
STREET ADDRESS	12346 ALT.A1A,APT.K-6	3.3 STREET ADDRESS	Englewood, Fl. 34224
CITY-ST-ZIP	PALM BCH.GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRlich, ALVIN A	4.2 NAME	
STREET ADDRESS	3422 WILDER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, G-VALENTINE	5.2 NAME	
STREET ADDRESS	5-G-W-BND-PLAGE	5.3 STREET ADDRESS	P DeLuca, Anthony J., Jr.
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	14370 N.E. 4th Ave.
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, THOMAS M JR	6.2 NAME	
STREET ADDRESS	860 AZALEA CT	6.3 STREET ADDRESS	Miami, Fl. 33161
CITY-ST-ZIP	PLANTATION FL	6.4 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)(k), Florida Statutes. I further certify that the information indicated by 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 its receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: Frank D. Willis, Jr. Frank D. Willis, Jr. 4/3/95 904 669 2241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Area #)