

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **07/16/1973** 3a. Date of Last Report **04/14/1995**
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**
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 24 Country 25 Zip 29 Country 30

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 **FL** 85 Zip Code

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, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, FRANK D. JR.	12 NAME	
STREET ADDRESS	635 UMATILLA BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA, FL 00000	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPADAFORA, FRANK J	22 NAME	
STREET ADDRESS	1985 ILLINOIS AVE	23 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, CARL	32 NAME	
STREET ADDRESS	12346 ALT.A1A,APT.K-6	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH.GARDENS FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRlich, ALVIN A	42 NAME	
STREET ADDRESS	3422 WILDER LANE	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	44 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCCA, ANTHONY J. JR	52 NAME	P DAVID EVERGASON
STREET ADDRESS	14370 NE 4TH AVE	53 STREET ADDRESS	108 61ST STREET EAST
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, THOMAS M JR	62 NAME	
STREET ADDRESS	860 AZALEA CT	63 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	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)(k), 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: *Frank D Willis Jr* **FRANK D WILLIS JR** 3-28-96 352-669-2241
Date Daytime Phone

CR2E037 (12/95)