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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
FLORIDA STATE ELKS ASSOC INC P O BOX 49 635 UMATILLA BLVD UMATILLA FL 32784-8418



3. Date Incorporated or Qualified 07/16/1973  
3a. Date of Last Report 04/12/1996

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

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	
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	32784
TITLE	D	2.1 TITLE	
NAME	SPADAFORA, FRANK J	2.2 NAME	
STREET ADDRESS	1985 ILLINOIS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	VAUGHN, CARL	3.2 NAME	
STREET ADDRESS	12346 ALT.A1A,APT.K-6	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH.GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
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	
NAME	DAVID EVERGASON	5.2 NAME	NEEDHAM, WINSTON M.
STREET ADDRESS	100 01ST STREET, EAST	5.3 STREET ADDRESS	2139 S.E. 7th TERRACE
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	OCALA, FL 34471
TITLE	D	6.1 TITLE	
NAME	COOKER, THOMAS M JR	6.2 NAME	DOMINIANNI, GEORGE
STREET ADDRESS	800 AZALEA CT	6.3 STREET ADDRESS	142 FOSTER LANE
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	PALM COAST, FL 32137

14. I do 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 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. 4-22-97 352-69-2241  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date Daytime Phone # 0015202

CR2E037 (9/96)