


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90056 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
			
DOCUMENT # 726955			
1. Corporation Name FLORIDA STATE ELKS ASSOCIATION, INC.			
Principal Place of Business FLORIDA STATE ELKS ASSOC INC P O BOX 49 635 UMATILLA BLVD UMATILLA FL 32784		Mailing Address FLORIDA STATE ELKS ASSOC INC P O BOX 49 635 UMATILLA BLVD UMATILLA FL 32784	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0647830	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

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

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	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	VPD	
NAME	SPADAFORA, FRANK J		2.2 NAME			NEEDHAM, WINSTON M.	
STREET ADDRESS	1985 ILLINOIS AVE		2.3 STREET ADDRESS			2139 S.E. 7th TERRACE	
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP			OCALA, FL	
TITLE	D	<input type="checkbox"/> DELETE	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				
CITY-ST-ZIP	PALM BCH.GARDENS FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ELMORE, THOMAS E		4.2 NAME				
STREET ADDRESS	1125 S E 21ST ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	OKEECHOBEE FL		4.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	PD	
NAME	SOLANA, JAMES L		5.2 NAME			SEBALD, MERLE	
STREET ADDRESS	21 OLD MISSION AVE		5.3 STREET ADDRESS			8527 BIMINI COURT	
CITY-ST-ZIP	ST AUGUSTINE FL		5.4 CITY-ST-ZIP			APOLLO BEACH, FL	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DOMINIANNI, GEORGE		6.2 NAME				
STREET ADDRESS	142 FOSTER LANE		6.3 STREET ADDRESS				
CITY-ST-ZIP	PALM COAST FL		6.4 CITY-ST-ZIP				

14. 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 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, with all other like empowered.

SIGNATURE: Frank D. Willis, Jr.  1-5-99 (352) 669-2241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)