

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90008 007 ****61.25

DOCUMENT # 726955
 1. Entity Name
FLORIDA STATE ELKS ASSOCIATION, INC.

Principal Place of Business Mailing Address
24175 SE HWY 450 **PO BOX 49**
UMATILLA FL 32784 **UMATILLA FL 32784**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-0647830 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRANK D WILLIS JR
~~686 UMATILLA BLVD~~ **24175 S.E. HWY 450**
UMATILLA FL 32784

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIS, FRANK D. JR.	
STREET ADDRESS	24175 SE HWY 450	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WELBAUM, WILLIAM R JR	
STREET ADDRESS	686 N. INDIANA AVE, STE A	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUIKART, DAVID L SR	
STREET ADDRESS	6324 EDENMORE AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELMORE, THOMAS E	
STREET ADDRESS	1125 S E 21ST ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974-2406	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	SMITH, MICHAEL	
STREET ADDRESS	PO DRAWER EE	
CITY-ST-ZIP	PLANT CITY FL 32564	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINIANNI, GEORGE	
STREET ADDRESS	142 FOSTER LANE	
CITY-ST-ZIP	PALM COAST FL 32137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGINS, JAMES A.	
STREET ADDRESS	P. O. BOX 3230	
CITY-ST-ZIP	PENSACOLA, FL 32516	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEDHAM, WINSTON M.	
STREET ADDRESS	2139 S.E. 7th TERRACE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARANJO, PETER W.	
STREET ADDRESS	1130 W. OLYMPIA STREET	
CITY-ST-ZIP	HERNANDO, FL 34442	

12. 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 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.

SIGNATURE: _____ Date: **1-28-02** Daytime Phone #: **352-662241**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)