


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90276 016 \*\*\*\*61.25

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



Principal Place of Business  
 24175 SE HWY 450  
 UMATILLA, FL 32784

Mailing Address  
 PO BOX 49  
 UMATILLA, FL 32784

94062757



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04202004 Chg-NP CR2E037 (10/03)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
 59-0647830

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

FRANK D WILLIS JR  
 24175 SE HWY 450  
 UMATILLA, FL 32784

**7. Name and Address of New Registered Agent**

Name **CARL T. SEIBERT**

Street Address (P.O. Box Number is Not Acceptable)  
**24175 SE HWY 450**

City **UMATILLA** FL Zip Code **32784**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carl T. Seibert* **CARL T. SEIBERT SECRETARY** **4/21/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee Is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, FRANK D. JR.	
STREET ADDRESS	24175 SE HWY 450	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COGGINS, JAMES A	
STREET ADDRESS	P.O BOX 3230	
CITY-ST-ZIP	PENSACOLA, FL 32516	
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 349742406	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEEDHAM, WINSTON E	
STREET ADDRESS	2139 SE 7TH TERRACE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NARANJO, PETER W	
STREET ADDRESS	1130 W OLYMPIA STREET	
CITY-ST-ZIP	HERNANDO, FL 34442	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.**

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEIBERT, CARL T.	
STREET ADDRESS	24175 SE HWY 450	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, MICHAEL	
STREET ADDRESS	1550 JUSTIN COURT	
CITY-ST-ZIP	TITUSVILLE, FL 32796	

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 the empowered.

SIGNATURE: *Carl T. Seibert* **CARL T. SEIBERT** **4/21/04** **352-669-2241**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #