

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90337 008 \*\*\*\*61.25

001/2042

**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**

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 **59-0647830**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIS, FRANK D. JR.</b>	
STREET ADDRESS	<b>24175 SE HWY 450</b>	
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>COGGINS, JAMES A</b>	
STREET ADDRESS	<b>P.O. BOX 3230</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32516</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LUIKART, DAVID L SR</b>	
STREET ADDRESS	<b>6324 EDENMORE AVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELMORE, THOMAS E</b>	
STREET ADDRESS	<b>1125 S E 21ST ST</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974-2406</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEEDHAM, WINSTON E</b>	
STREET ADDRESS	<b>2139 SE 7TH TERRACE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NARANJO, PETER W</b>	
STREET ADDRESS	<b>1130 W OLYMPIA STREET</b>	
CITY-ST-ZIP	<b>HERNANDO FL 34442</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Elks empowered.

**SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-03 352-669-2241**

Date Daytime Phone #

CR2E037 (10/02)