

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

195 MAR -3 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N21320** (9)  
1. Corporation Name  
**FLORIDA ELKS CHILDREN'S HOSPITAL, INC.**

Principal Place of Business Mailing Address  
**C/O FRANK D. WILLIS, JR.**  
**633 UMATILLA BOULEVARD**  
**UMATILLA FL 32784**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/25/1987** 3a. Date of Last Report **02/15/1994**  
4. FEI Number **59-0637860** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**WILLIS, FRANK D., JR.**  
**633 UMATILLA BOULEVARD**  
**UMATILLA FL 32784**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDINGTON, LAWRENCE-G
STREET ADDRESS	2134 RIDGE RD, UNIT-17
CITY- ST- ZIP	LARGO FL-
TITLE	VD
NAME	SHASHY, ABE
STREET ADDRESS	222 SE 10TH AVE.
CITY- ST- ZIP	OCALA FL-
TITLE	S
NAME	WILLIS, FRANK D. JR.
STREET ADDRESS	635 UMATILLA BLVD.
CITY- ST- ZIP	UMATILLA FL
TITLE	D-
NAME	VERGASON, DAVID
STREET ADDRESS	419 39 ST.
CITY- ST- ZIP	E PALMETTO FL-
TITLE	D
NAME	SPADAFORA, FRANK J.
STREET ADDRESS	1985 ILLINOIS AVENUE
CITY- ST- ZIP	ENGLEWOOD FL-
TITLE	D
NAME	MCKENNA, JOHN
STREET ADDRESS	P.O. BOX 14265 N/A
CITY- ST- ZIP	TALLAHASSEE FL-

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SHASHY, ABE	
13 STREET ADDRESS	222 SE 10TH AVE.	
14 CITY- ST- ZIP	OCALA, FL	
21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SOLANA, JAMES L.	
23 STREET ADDRESS	21 OLD MISSION AVE.	
24 CITY- ST- ZIP	ST. AUGUSTINE, FL	
31 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	WILLIS, FRANK D., JR.	
33 STREET ADDRESS	635 UMATILLA BLVD.	
34 CITY- ST- ZIP	UMATILLA, FL	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SULLIVAN, THOMAS D.	
43 STREET ADDRESS	380 DESOTO PARKWAY	
44 CITY- ST- ZIP	SATELLITE BEACH, FL	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ELMORE, TOM	
53 STREET ADDRESS	504 S. W. 21ST STREET	
54 CITY- ST- ZIP	OKEECHOBEE, FL	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	VON ATZINGEN, FRANK	
63 STREET ADDRESS	13600 CLAREDON ROAD	
64 CITY- ST- ZIP	SEMINOLE, FL	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information reflected 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 unchanged, or on an attachment with an address.

SIGNATURE: *Ben S. Brown Jr.* Ben S. Brown Jr. Administrator 2-27-95 (904) 669-2171  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Typed Name)