

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

C/O FRANK D. WILLIS, JR.
633 UMATILLA BOULEVARD
UMATILLA FL 32784

3. Date Incorporated or Qualified **06/25/1987** 3a. Date of Last Report **03/03/1995**

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27
City & State 23 City & State 28
Zip 24 Country 25 Zip 29 Country 30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIS, FRANK D., JR.
633 UMATILLA BOULEVARD
UMATILLA FL 32784

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD- SHASHY, ABE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHASHY, ABE	1.2 NAME	SEBALD, MERLE
STREET ADDRESS	222 SE 10TH AVENUE	1.3 STREET ADDRESS	6529 BIMINI
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	APOLLO BEACH FL
TITLE	VD- SOLANA, JAMES L <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLANA, JAMES L	2.2 NAME	SOLANA, JAMES L
STREET ADDRESS	21 OLD MISSION AVENUE	2.3 STREET ADDRESS	21 OLD MISSION AVENUE
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	S WILLIS, FRANK D JR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, FRANK D JR	3.2 NAME	
STREET ADDRESS	635 UMATILLA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	3.4 CITY-ST-ZIP	
TITLE	D SULLIVAN, THOMAS D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, THOMAS D	4.2 NAME	
STREET ADDRESS	380 DESOTO PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D ELMORE, TOM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMORE, TOM	5.2 NAME	
STREET ADDRESS	504 SW 21ST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	
TITLE	D WON ATZINGEN, FRANK <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WON ATZINGEN, FRANK	6.2 NAME	VON ATZINGEN, FRANK
STREET ADDRESS	13600 CLAREDON ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Frank D. Willis, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96 (352) 669-2241
Date Daytime Phone #

CR2E037 (12/95)