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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

3. Date Incorporated or Qualified **06/25/1987** 3a. Date of Last Report **02/21/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-0637860</b>	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBALD, MERLE	1.2 NAME	
STREET ADDRESS	6529 BIMINI	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOLLO BEACH FL	1.4 CITY - ST - ZIP	33572
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLANA, JAMES L	2.2 NAME	BURNS, BRIAN T.
STREET ADDRESS	21 OLD MISSION AVE	2.3 STREET ADDRESS	3662 N.W. COUNTY RD. 661
CITY - ST - ZIP	ST. AUGUSTINE FL	2.4 CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	S <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	32784
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, THOMAS D	4.2 NAME	127 ISLAND VIEW
STREET ADDRESS	380 DESOTO PARKWAY	4.3 STREET ADDRESS	INDIAN HARBOR BEACH, FL 32937
CITY - ST - ZIP	SATELLITE BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D <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	34974
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON ATZINGEN, FRANK	6.2 NAME	
STREET ADDRESS	13600 CLAREDON ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	6.4 CITY - ST - ZIP	34646

14. I do 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 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.* FRANK D. WILLIS, JR. 4-23-97 352-669-2041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016264

CR2E037 (9/96)