

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21320 (9)
1. Corporation Name
FLORIDA ELKS CHILDREN'S HOSPITAL, INC.



Principal Place of Business C/O FRANK D. WILLIS, JR. 633 UMATILLA BOULEVARD UMATILLA FL 32784	Mailing Address C/O FRANK D. WILLIS, JR. 633 UMATILLA BOULEVARD UMATILLA FL 32784
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3. Date Incorporated or Qualified
06/25/1987

4. FEI Number
59-0637860

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	SEBALD, MERLE	
STREET ADDRESS	6529 BIMINI	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	BURNS, BRIAN T	
STREET ADDRESS	3662 NW COUNTY RD 661	
CITY-ST-ZIP	ARCADIA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIS, FRANK D JR	
STREET ADDRESS	635 UMATILLA BLVD.	
CITY-ST-ZIP	UMATILLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, THOMAS D	
STREET ADDRESS	127 ISLAND VIEW	
CITY-ST-ZIP	INDIAN HARBOR BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELMORE, TOM	
STREET ADDRESS	504 SW 21ST STREET	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VON ATZINGEN, FRANK	
STREET ADDRESS	13600 CLAREDON ROAD	
CITY-ST-ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENTON, RALPH T.	
1.3 STREET ADDRESS	369 BEACON STREET	
1.4 CITY-ST-ZIP	TEQUESTA, FL 33469-3065	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.** 1-16-98 (352) 669-2171

CR2E037 (10/97)