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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90074 003 ****61.25

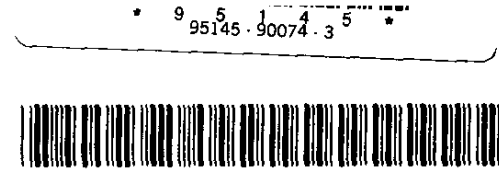
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21320

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/25/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0637860
City & State 23	City & State 28	Applied For. Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 θ	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DENTON, RALPH T		1.2 NAME	
STREET ADDRESS 369 BEACON ST		1.3 STREET ADDRESS	
CITY-ST-ZIP TEQUESTA FL 33469		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURNS, BRIAN T		2.2 NAME	
STREET ADDRESS 3662 NW COUNTY RD 661		2.3 STREET ADDRESS	
CITY-ST-ZIP ARCADIA FL		2.4 CITY-ST-ZIP	
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	
TITLE VB	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SULLIVAN, THOMAS D		4.2 NAME	
STREET ADDRESS 127 ISLAND VIEW		4.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN HARBOR BCH FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELMORE, TOM		5.2 NAME MILLS, JEROLD A.	
STREET ADDRESS 504 SW 21ST STREET		5.3 STREET ADDRESS 4471 N E 25th AVENUE	
CITY-ST-ZIP OKEECHOBEE FL		5.4 CITY-ST-ZIP LIGHTHOUSE POINT, FL	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE VPD	<input checked="" 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	

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, with all other like empowered.

SIGNATURE: Frank D. Willis, Jr. **RECEIVED** 1-5-99 (352) 669-2241

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/98)