

**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**

**95 MAY 18 AM 8:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # C10004 (5)**

1. Corporation Name  
**THE ELK'S CLUB**

Principal Place of Business

P.O. BOX 2187  
KEY WEST FL 33040

Mailing Address

P.O. BOX 2187  
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/16/1992**

3a. Date of Last Report

**01/27/1994**

4. FEI Number

**59-0232984**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAPY, HUGH R.**

**509 WHITEHEAD STREET  
KEY WEST FL 33040**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1214 LAIRD ST.**

83

84 City

**KEY WEST**

**FL**

85

Zip Code

**33040**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>
NAME	<b>PAPY, HUGH R</b>
STREET ADDRESS	<b>509 WHITEHEAD STREET</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>VT</b>
NAME	<b>GRIFFIN, JAMES E</b>
STREET ADDRESS	<b>823 WHITE STREET</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>STT</b>
NAME	<b>KNIGHT, HARRY F.</b>
STREET ADDRESS	<b>1016 FLAGLER AVE.</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>T</b>
NAME	<b>FABAL, EUGENE</b>
STREET ADDRESS	<b>2811 FOGARTY AVENUE</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>T</b>
NAME	<b>HERNANDEZ, FRANKLIN D</b>
STREET ADDRESS	<b>2800 PATTERSON AVE</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>T</b>
NAME	<b>PAYNE, RICHARD</b>
STREET ADDRESS	<b>2914 FOGARTY AVE</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input 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 do 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/08/95 (305) 294-8403**