


FILE NOW: FILING FEE IS \$61.25

FILED
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
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	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/25/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0637860	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	0	DELETE		1.1 TITLE		PD	
NAME	OENTON, RALPH T			1.2 NAME		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	369 BEACON ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469			1.4 CITY-ST-ZIP			
TITLE	PD	DELETE		2.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
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	DELETE		3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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	DELETE		4.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
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	DELETE		5.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
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	DELETE		6.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
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.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

(352) 669-2241

Date

Daytime Phone #

CR2E037 (1/98)