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Secretary of State

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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 # N21323

1. Corporation Name

FLORIDA ELKS CHARITIES, INC.

Principal Place of Business

C/O FRANK D. WILLIS, JR.
 635 UMATILLA BLVD.
 UMATILLA FL 32784

Mailing Address

P O BOX 49
 UMATILLA FL 32784-0049
 US



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		59-2825884	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 25		29 30			

9. Name and Address of Current Registered Agent

WILLIS, FRANK D JR.
635 UMATILLA BLVD.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGASON, DAVID E	1.2 NAME	
STREET ADDRESS	108 61ST STREET E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BEN S JR	2.2 NAME	
STREET ADDRESS	215 LAKEVIEW ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA 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	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENLEY, WM. LARRY	4.2 NAME	
STREET ADDRESS	3439 MERRIMAC DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINIANNI, GEORGE	5.2 NAME	
STREET ADDRESS	142 FOSTER LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURGENSEN, RUSSELL V.	6.2 NAME	SOLANA, JAMES L.
STREET ADDRESS	916 PALMER LANE	6.3 STREET ADDRESS	21 OLD MISSION AVENUE
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084

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.**

1-5-99

(352) 669-2241

CR2E037 (11/98)