

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90108 023 ****61.25

DOCUMENT # N21323

1. Entity Name

FLORIDA ELKS CHARITIES, INC.

Principal Place of Business

Mailing Address

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

P O BOX 49
 UMATILLA FL 32784-0049
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2825884

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIS, FRANK D JR.
635 UMATILLA BLVD.
UMATILLA FL 32784

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VERGASON, DAVID E | NAME | |
| STREET ADDRESS | 108 61ST STREET EAST | STREET ADDRESS | |
| CITY-ST-ZIP | PALMETTO FL 34221 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, BEN S JR | NAME | |
| STREET ADDRESS | 215 LAKEVIEW ST | STREET ADDRESS | |
| CITY-ST-ZIP | UMATILLA FL 32784 | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIS, FRANK D JR. | NAME | |
| STREET ADDRESS | 635 UMATILLA BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | UMATILLA FL 32784 | CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENLEY, WM. LARRY | NAME | |
| STREET ADDRESS | 3439 MERRIMAC DR | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOMINIANNI, GEORGE | NAME | |
| STREET ADDRESS | 142 FOSTER LANE | STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST FL 32177 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOLANA, JAMES L | NAME | |
| STREET ADDRESS | 21 OLD MISSION AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32084 | CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Signing Officer or Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2000

(352) 669-2241

Date

Daytime Phone #