

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0072878

DOCUMENT # N21323

1. Entity Name

FLORIDA ELKS CHARITIES, INC.



05-01-2003 90337 011 ****61.25

Principal Place of Business

**24175 SE HWY 450
UMATILLA FL 32701**

Mailing Address

**P O BOX 49
UMATILLA FL 32784-0049
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2825884**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIS, FRANK D JR.
24175 SE HWY 450
UMATILLA FL 32784**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **VERGASON, DAVID E**
STREET ADDRESS **108 61ST STREET E.**
CITY-ST-ZIP **PALMETTO FL 34221-9351**

TITLE **D** ☐ Delete
NAME **BROWN, BEN S JR**
STREET ADDRESS **215 LAKEVIEW ST**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **S** ☐ Delete
NAME **WILLIS, FRANK D JR.**
STREET ADDRESS **24175 SE HWY 450**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **PD** ☐ Delete
NAME **HENLEY, WM. LARRY**
STREET ADDRESS **3439 MERRIMAC DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete
NAME **DOMINIANNI, GEORGE**
STREET ADDRESS **142 FOSTER LANE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **VD** ☐ Delete
NAME **SOLANA, JAMES L**
STREET ADDRESS **21 OLD MISSION AVENUE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

4-29-03

352-669-2241

CR2E037 (10/02)