

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002103 (0)

1. Corporation Name  
**ELKS CLUB INC.**



Principal Place of Business: 207 LAURA ST JACKSONVILLE FL 32202  
Mailing Address: 207 LAURA ST JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 05/07/1993  
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-0581433  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
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

~~CHARLES, LEO E  
207 LAURA ST  
JACKSONVILLE FL 32202~~

81 Name: A.W. BATES - DIRECTOR  
82 Street Address (P.O. Box Number is Not Acceptable): 207 N. LAURA ST  
83  
84 City: JAX. FL 85 Zip Code: 32202

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 617.0502, Florida Statutes.

SIGNATURE: *A.W. Bates - President*  
Signature, typed or printed name of registered agent and title if applicable.

1/17/96  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD WILSON, GERRY	<input type="checkbox"/>
NAME	207 LAURA ST	
STREET ADDRESS	JACKSONVILLE FL 32202	
CITY-ST-ZIP		
TITLE	SD CHARLES, LEO E	<input type="checkbox"/>
NAME	207 LAURA ST	
STREET ADDRESS	JACKSONVILLE FL 32202	
CITY-ST-ZIP		
TITLE	VD KINGSTON, W/W SH	<input type="checkbox"/>
NAME	207 LAURA ST	
STREET ADDRESS	JACKSONVILLE FL 32202	
CITY-ST-ZIP		
TITLE	TD LADD, JIM	<input type="checkbox"/>
NAME	207 LAURA ST	
STREET ADDRESS	JACKSONVILLE FL 32202	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President & DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Tom Bates		
1.3 STREET ADDRESS	207 Laura St - Jax Fla		
1.4 CITY-ST-ZIP	32202		
2.1 TITLE	Vice Pres - DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	DICK WYSE		
2.3 STREET ADDRESS	207 Laura St		
2.4 CITY-ST-ZIP	Jax - Fla 32202		
3.1 TITLE	Treasurer, DIRECTOR	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	RON S Mailing		
3.3 STREET ADDRESS	207 Laura St		
3.4 CITY-ST-ZIP	Jax Fla 32202		
4.1 TITLE	Ralph DeCus -	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	207 Laura St		
4.3 STREET ADDRESS	Secretary - DIRECTOR		
4.4 CITY-ST-ZIP	207 Laura St Jax Fla 32202		
5.1 TITLE	Gerry Wilson - Director	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	207 Laura St		
5.3 STREET ADDRESS	Jacksonville Fla		
5.4 CITY-ST-ZIP	32202		
6.1 TITLE	100001734191	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	-03/06/96--01065--002		
6.3 STREET ADDRESS	***70.00		
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 119.07(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: *A.W. Bates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 904-356-4136  
Date Daytime Phone #

CR2E037 (12/95)