


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90338 047 ****61.25

| | | | |
|---|-------------------------|---|--------------------------------------|
| DOCUMENT # N21320 | |  | |
| 1. Entity Name FLORIDA ELKS CHILDRENS THERAPY SERVICES, INC. | | | |
| Principal Place of Business 24175 SE HWY 450 UMATILLA, FL 32784 US | | 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 59-0637860 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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. 24175 SE HWY 450 UMATILLA, FL 32784 | | Name CARL T. SEIBERT Street Address (P.O. Box Number is Not Acceptable) 24175 SE HWY 450 City UMATILLA FL Zip Code 32784 | |
| 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 <i>Carl T. Seibert</i> | | SIGNATURE CARL T. SEIBERT SECRETARY 4/19/04 | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D | TITLE | |
| NAME | BARONE, NATHANIEL L JR | NAME | |
| STREET ADDRESS | 8270 SUNSET DR. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33143 | CITY-ST-ZIP | |
| TITLE | VPD | TITLE | |
| NAME | BURNS, BRIAN | NAME | |
| STREET ADDRESS | 3662 NW COUNTY RD 661 | STREET ADDRESS | |
| CITY-ST-ZIP | ARCADIA, FL 33821 | CITY-ST-ZIP | |
| TITLE | S | TITLE | S |
| NAME | WILLIS, FRANK D JR | NAME | SEIBERT, CARL T. |
| STREET ADDRESS | 24175 SE HWY 450 | STREET ADDRESS | 24175 SE HWY 450 |
| CITY-ST-ZIP | UMATILLA, FL 32784 | CITY-ST-ZIP | UMATILLA, FL 32784 |
| TITLE | D | TITLE | |
| NAME | CHANDLER, MICHAEL W | NAME | |
| STREET ADDRESS | 704 N FLAMINGO DR | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLY HILL, FL 32117 | CITY-ST-ZIP | |
| TITLE | D | TITLE | |
| NAME | MILLS, JEROLD A | NAME | |
| STREET ADDRESS | 2770 PALM AIRE DR. N | STREET ADDRESS | 2641 GATELY DR. WEST #106 |
| CITY-ST-ZIP | POMPANO BEACH, FL 33069 | CITY-ST-ZIP | |
| TITLE | PD | TITLE | |
| NAME | PELUSO, ENRICO "RICK" J | NAME | |
| STREET ADDRESS | 340 PONTE VEDRA RD | STREET ADDRESS | 2641 GATELY DR. WEST #106 |
| CITY-ST-ZIP | PALM SPRINGS, FL 33461 | CITY-ST-ZIP | WEST PALM BEACH, FL 33415 |
| 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: <i>Carl T. Seibert</i> | | SIGNATURE CARL T. SEIBERT SECRETARY 4/21/04 352-669-2241 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

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