

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21320

FILED
Apr 27, 2005
Secretary of State

Entity Name: FLORIDA ELKS CHILDRENS THERAPY SERVICES, INC.

Current Principal Place of Business:

24175 SE HWY 450
UMATILLA, FL 32784 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 49
UMATILLA, FL 327840049 US

New Mailing Address:

FEI Number: 59-0637860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIBERT, CARL T
24175 SE HWY 450
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARONE, NATHANIEL L JR
Address: 8270 SUNSET DR.
City-St-Zip: MIAMI, FL 33143

Title: VPD () Delete
Name: BURNS, BRIAN
Address: 3662 NW COUNTY RD 661
City-St-Zip: ARCADIA, FL 33821

Title: S () Delete
Name: SEIBERT, CARL T
Address: 24175 SE HWY 450
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: CHANDLER, MICHAEL W
Address: 704 N FLAMINGO DR
City-St-Zip: HOLLY HILL, FL 32117

Title: D (X) Delete
Name: MILLS, JEROLD A
Address: 2770 PALM AIRE DR, N
City-St-Zip: POMPANO BEACH, FL 33069

Title: PD (X) Delete
Name: PELUSO, ENRICO J
Address: 2641 GATELY DR WEST # 106
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BRYANT, JOSEPH B
Address: 302 SPARROW AVENUE
City-St-Zip: SEBRING, FL 33872

Title: PD (X) Change () Addition
Name: BURNS, BRIAN
Address: 3662 NW COUNTY RD 661
City-St-Zip: ARCADIA, FL 33821

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CHANDLER, MICHAEL W
Address: 704 N FLAMINGO DR
City-St-Zip: HOLLY HILL, FL 32117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL T. SEIBERT

S

04/27/2005

Electronic Signature of Signing Officer or Director

Date