2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

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DOCUMENT # N21320 1. Entity Name FLORIDA ELKS CHILDRENS THERAPY SERVICES, INC.							04-24-2000		3 031 ****	61.25	
Principal Place of Business 24175 SE HWY 450 UMATILLA, FL 32784 US PO BOX 49 UMATILLA, FL 32784-0049 US								Ե ՄՄՀԾ		218(1 818)) 818)) 81	117 72 1 8 1 4 82 4
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04192006	Chg-NP	CR2E	037 (11/05)	
City & State			City			4. FEI Number Applied For 59-0637860 Not Applied			pplied For ot Applicable		
Zip		Country	Zip		Country		5. Certificate o	f Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curre	nt Registere	d Agent			7. Name and	Address of New R	Registered	Agent	
SEIBERT, CARL T 24175 SE HWY 450 UMATILLA, FL 32784					Name Street	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)					
		•			City				FI	Zip Cod	le
8. The above the obligation	named entity tions of regist	y submits this statement tered agent.	for the purpo	se of changing its	registered office	or register	ed agent, or both	, in the State of Flo			and accept
SIGNATURE		or printed name of registered age	ant and title if appli	cable. (NOTE	: Registered Agent sign:	ature required	when reinstating)		DATE		
SIGNATURE	Signature, typed	e is \$61.25	ent and title if appli		paign Financing	ature required	when reinstating) \$5.00 May Be Added to Fees		lake che	ck payable t	
	Signature, typed	e is \$61.25 fay 1, 2006		9. Election Carr	npaign Financing contribution.		\$5.00 May Be Added to Fees	Flor	lake ched ida Depa	rtment of S	tate
SIGNATURE	Filing Fe	e is \$61.25		9. Efection Cam Trust Fund C	paign Financing		\$5.00 May Be Added to Fees		lake ched ida Depa	rtment of S	tate
	Filing Fe Due by M	e is \$61.25 fay 1, 2006 OFFICERS AND D		9. Election Carr	npaign Financing contribution.		\$5.00 May Be Added to Fees	Flor	lake ched ida Depa	rtment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 truestee 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001

352-669-2841

Daytime Phone #