

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2007  
Secretary of State**

DOCUMENT# N21320

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

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

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

Title: VPD ( ) Delete  
Name: WILSON, WILLIAM S  
Address: P.O. 50189  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 Chapter 119, 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

04/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date