

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21320

FILED
Apr 09, 2009
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: T () Delete
Name: BRYANT, JOSEPH B
Address: 302 SPARROW AVENUE
City-St-Zip: SEBRING, FL 33872 US

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

Title: VPD () Delete
Name: COMO, VINCENT P
Address: 2042 NW 104 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: PD () Delete
Name: WILSON, WILLIAM S
Address: POST OFFICE BOX 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: D (X) Change () Addition
Name: BROWN, JR., BEN S
Address: 24175 SE HWY 450
City-St-Zip: UMATILLA, FL 32784 US

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

I hereby certify that the information supplied with this filing does not qualify 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

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04/09/2009

Electronic Signature of Signing Officer or Director

Date