

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21320

FILED
Feb 16, 2011
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
Name: BROWN, BEN S JR
Address: 24175 SE HIGHWAY 450
City-St-Zip: UMATILLA, FL 32784 US

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

Title: T
Name: BRYANT, JOSEPH B
Address: 302 SPARROW AVENUE
City-St-Zip: SEBRING, FL 33872 US

Title: PD
Name: MAGUIRE, SEAN D
Address: 13860 ISHNALA CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: VPD
Name: SIMONELLI, AUGUSTUS J
Address: 2911 SE DALHART ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

I hereby 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 all other like empowered.

SIGNATURE: CARL T. SEIBERT

S

02/16/2011

Electronic Signature of Signing Officer or Director

Date