

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90337 010 ****61.25

DOCUMENT # N21320
1. Entity Name
FLORIDA ELKS CHILDRENS THERAPY SERVICES, INC.



Principal Place of Business
**24175 SE HWY 450
UMATILLA FL 32784
US**

Mailing Address
**P O BOX 49
UMATILLA FL 32784-0049
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-0637860**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIS, FRANK D., JR.
24175 SE HWY 450
UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BARONE, NATHANIEL L JR	
STREET ADDRESS	8270 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BURNS, BRIAN	
STREET ADDRESS	3662 NW COUNTY RD 661	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIS, FRANK D JR	
STREET ADDRESS	24175 SE HWY 450	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANDLER, MICHAEL W	
STREET ADDRESS	704 N FLAMINGO DR	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, JEROLD A	
STREET ADDRESS	2770 PALM AIRE DR. N	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PELUSO, ENRICO "RICK" J	
STREET ADDRESS	340 PONTE VEDRA RD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed from an attachment with an address with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

4-29-03 352-669-2241

CR2E037 (10/02)