

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21320

Entity Name: FLORIDA ELKS CHILDRENS THERAPY SERVICES, INC.

Current Principal Place of Business:

24175 SE HWY 450
UMATILLA, FL 32784

Current Mailing Address:

P O BOX 49
UMATILLA, FL 32784-0049 US

FEI Number: 59-0637860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEIBERT, CARL T
24175 SE HWY 450
UMATILLA, FL 32784 US

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

Officer/Director Detail :

Title D
Name BROWN, BEN SJR
Address 24175 SE HIGHWAY 450
City-State-Zip: UMATILLA FL 32784

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

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

Title VPD
Name BEAL, TED L
Address 52 COQUINA AVE
City-State-Zip: ST. AUGUSTINE FL 32080-4529

Title PD
Name FERFOGLIA, MARIO
Address 12053 93RD STREET
City-State-Zip: LARGO FL 33773

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

SECRETARY

04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date