

**2024 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            COO  
Name            SEIBERT, CARL T  
Address        P.O. BOX 49  
City-State-Zip: UMATILLA FL 32784

Title            PRESIDENT  
Name            CLEMONS, KEVIN F.  
Address        1006 HIGH GROVE COURT  
City-State-Zip: FORT WALTON BEACH FL 32547

Title            CFO  
Name            SHEPARD, BARBARA R.  
Address        PO BOX 49  
City-State-Zip: UMATILLA FL 32784

Title            VP  
Name            DRYBURGH, BILL  
Address        601 SHREVE ST. #61C  
City-State-Zip: PUNTA GORDA FL 33950

*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:** BARBARA SHEPARD

**CFO**

**04/16/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date