

**2019 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            BARDSLEY, RICHARD E.  
Address        6740 SUGARBUSH DRIVE  
City-State-Zip: ORLANDO FL 32819

Title            VP  
Name            MACKENZIE, TYRONE L.  
Address        613 PORTSIDE DRIVE  
City-State-Zip: VENICE FL 34287

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

*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 SEIBERT

COO

09/16/2019

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

\_\_\_\_\_ Date