

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21323

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA ELKS CHARITIES, 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:** 59-2825884

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

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

Title: VPD  
Name: HENLEY, WM. LARRY PSP  
Address: 3439 MERRIMAC DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD  
Name: MCCLELLAN, VICTOR PSP  
Address: 4327 S. PENINSULA DRIVE  
City-St-Zip: PONCE INLET, FL 32127

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

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01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date