

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90116 035 ****61.25

DOCUMENT # N00000003036

1. Entity Name

FELLSMERE FROG LEG FESTIVAL, INC.



Principal Place of Business

22 CYPRESS ST
FELLSMERE FL 32948

Mailing Address

PO BOX 67
FELLSMERE FL 32948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1025690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDEVOORDE, RENE G
1327 NORTH CENTRAL AVENUE
SEBASTIAN FL 32958

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME RUEGE, FRANK ☒ Delete
STREET ADDRESS PO BOX 155
CITY-ST-ZIP FELLSMERE FL 32948

TITLE P
NAME Margaret Sammons ☐ Change ☒ Addition
STREET ADDRESS 12455 91st St
CITY-ST-ZIP Fellsmere FL 32948

TITLE VPD
NAME FOLKENING, DAVID ☐ Delete
STREET ADDRESS 13950 105TH STREET
CITY-ST-ZIP FELLSMERE FL 32948

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME MITCHELL, BETH ☐ Delete
STREET ADDRESS PO BOX 288
CITY-ST-ZIP FELLSMERE FL 32948

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ADAMS, FRAN ☐ Delete
STREET ADDRESS 13950 105TH STREET
CITY-ST-ZIP FELLSMERE FL 32948

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME AKERS, BUDDY ☐ Delete
STREET ADDRESS 13950 105TH STREET
CITY-ST-ZIP FELLSMERE FL 32948

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Sammons
Margaret Sammons
President

5-1-05

772 571 1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #