

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90003 040 \*\*\*\*70.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N00000003036</b><br>1. Entity Name<br><b>FELLSMERE FROG LEG FESTIVAL, INC.</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>22 CYPRESS ST<br/>FELLSMERE, FL 32948</b>  |  |   | Mailing Address<br><b>PO BOX 67<br/>FELLSMERE, FL 32948</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |   | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.   |   |  |
| City & State   |  |   | City & State  |   |  |
| Zip  |  | Country   |   | Zip   |  |
| Country  |  | Country   |   | 03232007 Chg-NP CR2E037 (12/06)   |  |
| 4. FEI Number<br><b>65-1025690</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VANDEVOORDE, RENE G<br/>1327 NORTH CENTRAL AVENUE<br/>SEBASTIAN, FL 32968</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)<br>Signature, typed or printed name of registered agent and title if applicable. DATE   |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br><b>SAMMONS, MARGARET<br/>12455 91ST ST<br/>FELLSMERE, FL 32948</b> <input type="checkbox"/> Delete          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br><b>CONIGLIO, RAY<br/>941 CARNETION<br/>SEBASTIAN, FL 32958</b> <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br><b>Marybeth Ruege<br/>13190 99th St<br/>Fellsmere FL 32948</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | T<br><b>ENGLISH, CHRISTINE B<br/>2902 IRAQUOIS AVE<br/>FORT PIERCE, FL 34946</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2902 Iroquois</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br><b>ADAMS, FRAN<br/>13950 105TH STREET<br/>FELLSMERE, FL 32948</b> <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br><b>AKERS, BUDDY<br/>13950 105TH STREET<br/>FELLSMERE, FL 32948</b> <input type="checkbox"/> Delete          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | S<br><b>Linda Holton<br/>12775 85th Ave<br/>Fellsmere FL 32948</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <i>Christine English</i> <i>Treas</i>  |  |   | 3-23-07 772-335-3232  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   | Date Daytime Phone #  |   |  |