

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003036

FILED
Feb 13, 2009
Secretary of State

Entity Name: FELLSMERE FROG LEG FESTIVAL, INC.

Current Principal Place of Business:

22 CYPRESS ST
FELLSMERE, FL 32948

New Principal Place of Business:

Current Mailing Address:

PO BOX 67
FELLSMERE, FL 32948

New Mailing Address:

FEI Number: 65-1025690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDEVOORDE, RENE G
1327 NORTH CENTRAL AVENUE
SEBASTIAN, FL 32958 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: P () Delete
Name: SAMMONS, MARGARET
Address: 12455 91ST ST
City-St-Zip: FELLSMERE, FL 32948

Title: VP () Delete
Name: CONUGLIO, RAY
Address: 941 CARNATION DR
City-St-Zip: SEBASTIAN, FL 32958

Title: T () Delete
Name: ENGLISH, CHRISTINE B
Address: 2902 IROQUOIS
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: ADAMS, FRAN
Address: 13950 105TH STREET
City-St-Zip: FELLSMERE, FL 32948

Title: D () Delete
Name: AKERS, BUDDY
Address: 13950 105TH STREET
City-St-Zip: FELLSMERE, FL 32948

Title: S () Delete
Name: HOLTON, LINDA
Address: 12775 85TH AVE
City-St-Zip: FELLSMERE, FL 32948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE B. ENGLISH

T

02/13/2009

Electronic Signature of Signing Officer or Director

Date