

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008418

FILED
Jan 11, 2007
Secretary of State

Entity Name: THE FELLSMERE COMMUNITY ENRICHMENT PROGRAM, INC.

Current Principal Place of Business:

10074 ESPERANZA CIR
FELLSMERE, FL 32948

New Principal Place of Business:

Current Mailing Address:

PO BOX 190
FELLSMERE, FL 32948

New Mailing Address:

10074 ESPERANZA CIRCLE
FELLSMERE, FL 32948

FEI Number: 59-3690997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FELLSMERE COMMUNITY ENRICHMENT PROP.
10074 ESPERANZA CIR
FELLSMERE, FL 32948 US

Name and Address of New Registered Agent:

FELLSMERE COMMUNITY ENRICHMENT PROG.
10074 ESPERANZA CIR
FELLSMERE, FL 32948 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: HOPE C LEET

01/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEET, HOPE C
Address: 210 INDIAN RIVER DR.
City-St-Zip: VERO BCH, FL 32963

Title: V () Delete
Name: FISHER, JOSEPH
Address: 1480 TREASURE COVE LANE
City-St-Zip: VERO BCH, FL 32963

Title: D () Delete
Name: GOMEZ, YOLANDA
Address: 9345 128TH AVENUE
City-St-Zip: FELLSMERE, FL 32948

Title: S () Delete
Name: LEET, HARRY G
Address: 210 INDIAN RIVER DR
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: HEILE, ELAINE
Address: 116 HIDDEN OAK DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: HUBBARD, LOUISE
Address: 2525 ST. LUCIE AVENUE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: FISHER, JOSEPH
Address: 4338 COLLINGTREE DRIVE
City-St-Zip: VIERA, FL 32955

Title: D (X) Change () Addition
Name: JAN, SIMBERLUND
Address: 4245 BERRY ROAD
City-St-Zip: GRANT, FL 32949

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

Title: () Change () Addition
Name:
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 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: HOPE C LEET

P

01/11/2007

Electronic Signature of Signing Officer or Director

Date