

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 PM 12:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N22746

(4)

1. Corporation Name

FELLSMERE GRANGE HALL, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1987

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2885147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

Principal Place of Business

Mailing Address

**P O BOX 186
FELLSMERE FL 32948-3601**

**P O BOX 186
FELLSMERE FL 32948-3601**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VANDEVOORDE, RENE' G.
1327 N. CENTRAL AVENUE
SEBASTIAN FL 32958-3862**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **YURKIEWICZ, PETER**
STREET ADDRESS **175-S ELM STREET**
CITY-ST-ZIP **FELLSMERE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **TD**
NAME **HONYOTSKI, ANN**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

CITY-ST-ZIP **FELLSMERE FL**

2.4 CITY-ST-ZIP

TITLE **SD**
NAME **WINTERMUTE, BETTY**
STREET ADDRESS **4725 - 84TH STREET**
CITY-ST-ZIP **WABASSO FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **D**
NAME **OLIVERI, JOSEPH**
STREET ADDRESS **1824 TALBOTT ST**
CITY-ST-ZIP **PALM BAY FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **D**
NAME **FLAHERTY, KATHRYN**
STREET ADDRESS **608 EGRET CIRCLE**
CITY-ST-ZIP **BAREFOOT BAY FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE **PD**
NAME **CHARLES, WINTERMUTE**
STREET ADDRESS **4725-84TH STREET**
CITY-ST-ZIP **WABASSO FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ann Honyotski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95
DATE

707/571-1011
TELEPHONE NUMBER