

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N22746

(4)

1. Corporation Name

FELLSMERE GRANGE HALL, INC.



Principal Place of Business

Mailing Address

P O BOX 186
FELLSMERE FL 32948-3601

P O BOX 186
FELLSMERE FL 32948-3601

3. Date Incorporated or Qualified
09/29/1987

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2885147

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME TD
HONYOTSKI, ANN
STREET ADDRESS 14 S. MAGNOLIA STREET
CITY-ST-ZIP FELLSMERE FL

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME D
OLIVERI, JOSEPH
STREET ADDRESS 1624 TALBOTT ST
CITY-ST-ZIP PALM BAY FL

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Secretary
Flaherty, Kathryn
608 Egret Circle
Barefoot Bay, FL

Director
Charles Wintermute
4725 - 84th Street
Wabasso, FL

Director
Charles DeVoe
1635 Adview Rd. S.E.
Palm Bay, FL

President
Evelyn McVan
14095 109th St
Fellsmere, FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

407/571-1011

CR2E037 (12/95)