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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

P O BOX 186
FELLSMERE FL 32948-3801

Mailing Address

P O BOX 186
FELLSMERE FL 32948-0186



3. Date Incorporated or Qualified
09/29/1987

3a. Date of Last Report
04/24/1996

4. FEI Number
59-2885147

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 **D** ☐ DELETE
NAME **YURKIEWICZ, PETER**
STREET ADDRESS **175-S ELM STREET**
CITY-ST-ZIP **FELLSMERE FL**

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

TITLE **S** ☐ DELETE
NAME **FLAHERTY, KATHRYN**
STREET ADDRESS **808 EGRET CIRCLE**
CITY-ST-ZIP **BAREFOOT BAY FL**

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

TITLE **D** ☐ DELETE
NAME **DEVOE, CHARLES**
STREET ADDRESS **1835 ADVIEW RD SE**
CITY-ST-ZIP **PALM BAY FL**

TITLE **P** ☐ DELETE
NAME **LEVAN, EVELYN**
STREET ADDRESS **14095 109TH ST**
CITY-ST-ZIP **FELLSMERE 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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)