

FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N22746** (4)
1. Corporation Name
FELLSMERE GRANGE HALL, INC.



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| Principal Place of Business P O BOX 186 FELLSMERE FL 32948-3601 | Mailing Address P O BOX 186 FELLSMERE FL 32948-3601 |
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| 3. Date Incorporated or Qualified 09/29/1987 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 4. FEI Number 59-2885147 | |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| 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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|--|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YURKIEWICZ, PETER | 1.2 NAME | |
| STREET ADDRESS | 175-S ELM STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FELLSMERE FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HONYOTSKI, ANN | 2.2 NAME | |
| STREET ADDRESS | 14 S. MAGNOLIA STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FELLSMERE FL | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLAHERTY, KATHRYN | 3.2 NAME | |
| STREET ADDRESS | 608 EGRET CIRCLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BAREFOOT BAY FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINTERMUTE, CHARLES | 4.2 NAME | |
| STREET ADDRESS | 4725 84TH STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WABASSO FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVOE, CHARLES | 5.2 NAME | |
| STREET ADDRESS | 1635 ADVIEW RD SE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL | 5.4 CITY-ST-ZIP | |
| TITLE | P | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVAN, EVELYN | 6.2 NAME | |
| STREET ADDRESS | 14095 109TH ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FELLSMERE FL | 6.4 CITY-ST-ZIP | |

14. I 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.

SIGNATURE: *[Signature]* 4/1/98

CR2E037 (10/97)