

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90227 045 ****61.25

DOCUMENT # N22746

1. Corporation Name

FELLSMERE GRANGE HALL, INC.

Principal Place of Business

P O BOX 186
FELLSMERE FL 32948-3601

Mailing Address

P O BOX 186
FELLSMERE FL 32948-3601



2. Principal Place of Business

21 32 N. Broadway

Suite, Apt. #, etc.

22 City & State
Fellsmere FL

23 Zip Country
32948 U.S.A

24 32948 25 U.S.A

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/29/1987

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

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

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

☐ DELETE

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

☒ DELETE

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

☒ DELETE

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

☐ DELETE

TITLE D
NAME AKERS, REVIS
STREET ADDRESS 111 S. OLEANDER ST
CITY-ST-ZIP FELLSMERE FL

☐ DELETE

TITLE PD
NAME LEVAN, EVELYN
STREET ADDRESS 14095 109TH ST
CITY-ST-ZIP FELLSMERE FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: EVELYN LEVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)