

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90019 039 \*\*\*\*61.25

**DOCUMENT # N22746**

1. Entity Name

FELLSMERE GRANGE HALL, INC.



Principal Place of Business

32 N BROADWAY  
FELLSMERE FL 32948  
US

Mailing Address

P O BOX 186  
FELLSMERE FL 32948-3601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2885147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME YURKIEWICZ, PETER  
STREET ADDRESS 175-S ELM STREET  
CITY-ST-ZIP FELLSMERE FL 32948

TITLE TD ☐ Delete  
NAME FLAHERTY, KATHRYN  
STREET ADDRESS P.O. BOX 276  
CITY-ST-ZIP ROSELAND FL 32957-0276

TITLE SD ☐ Delete  
NAME FLAHERTY, KATHRYN  
STREET ADDRESS P.O. BOX 276  
CITY-ST-ZIP ROSELAND FL 32957-0276

TITLE D ☐ Delete  
NAME WINTERMUTE, CHARLES  
STREET ADDRESS 4725 84TH STREET  
CITY-ST-ZIP VERO BEACH FL 32967

TITLE D ☐ Delete  
NAME AKERS, REVIS  
STREET ADDRESS 111 S. OLEANDER ST  
CITY-ST-ZIP FELLSMERE FL 32948

TITLE PD ☒ Delete  
NAME LEVAN, EVELYN  
STREET ADDRESS 14095 109TH ST  
CITY-ST-ZIP FELLSMERE FL 32948 **WILL ADVISE WHEN FILLED**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kathryn M. Flaherty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/07/04 772-581-0873**

Date

Daytime Phone #