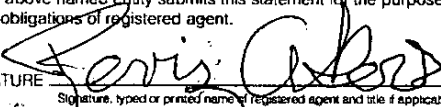
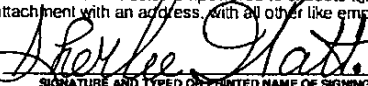


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90341 007 ****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	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 REVIS AKERS	
				Street Address (P.O. Box Number is Not Acceptable) 111 S. OLEANDER ST.	
				City FELLSMERE FL Zip Code 32948	
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 		REVIS AKERS		04.15.05	
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YURKIEWICZ, PETER 175-S ELM STREET FELLSMERE, FL 32948		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherlee Watt 142 S. Cypress St Fellsmere, Fl. 32948	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLAHERTY, KATHRYN P.O. BOX 276 ROSELAND, FL 329570276		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLAHERTY, KATHRYN P.O. BOX 276 ROSELAND, FL 329570276		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTERMUTE, CHARLES 4725 84TH STREET VERO BEACH, FL 32967		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luella Cosner 510 Acacia St. Sebastian, F. 32958	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKERS, REVIS 111 S. OLEANDER ST FELLSMERE, FL 32948		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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: 			Sherlee WATT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 04.15.05		

50040294



01052005 Chg-NP CR2E037 (10/03)

Daytime Phone #