


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90139 016 ****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	01102006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2885147 <div style="float: right; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AKERS, REVIS 111 S OLEANDER ST FELLSMERE, FL 32948			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATT, SHERLEE		NAME		
STREET ADDRESS	142 S CYPRESS ST		STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE, FL 32948		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAHERTY, KATHRYN		NAME		
STREET ADDRESS	P.O. BOX 276		STREET ADDRESS		
CITY-ST-ZIP	ROSELAND, FL 329570276		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAHERTY, KATHRYN		NAME		
STREET ADDRESS	P.O. BOX 276		STREET ADDRESS		
CITY-ST-ZIP	ROSELAND, FL 329570276		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSNER, LUELLA		NAME	PAUL MATTFELD	
STREET ADDRESS	510 ACACIA ST		STREET ADDRESS	P.O. BOX 100	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	FELLSMERE, FL. 32948	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AKERS, REVIS		NAME		
STREET ADDRESS	111 S. OLEANDER ST		STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE, FL 32948		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	EMILY HURST	
STREET ADDRESS			STREET ADDRESS	207 S. OAK ST.	
CITY-ST-ZIP			CITY-ST-ZIP	FELLSMERE, FL. 32948	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04.02.06 (772) 571-8608 <small>Date Daytime Phone #</small>		