K2E037 (11/98)

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N49446

1. Corporation Name

FELLSMERE CIVIC LEAGUE, INC.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90070 022 ****61.25

Principal Place	of Business	iling Address										
1063 LINCOLN STREET			1063 LINCOLN STREET									
FELLSMERE FL 32948			FELLSMERE FL 32948				11111					
							1 7887778			2 111 6 1617 2 1611	#/#II #II	
20 14-11- 444							3 Date Inco	rnorated or O	alifed			
2. Principal Place of Business			2a. Mailing Address				3. Date Incorporated or Qualified 06/16/1992					
21			26				4. FEI Numb					Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0343				-	Not Applicable
22						00 00-10	77 10			60 7	5 Additional	
City & State			City & State			5. Certifcate	of Status Des	ired		*	Required	
23			8									
Zip	Country	29	Zip Country			6. Election Campaign Financing \$5.00 May Be						
24	25	30			Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent							
	9. Name and Address of Curre	ent Regist	ered Agent		04	N	10. Name an	d Address of	New K	edizteren v	gent	
				1	81	Name						
VANDEVO	orde, rene g.				82 Street Address (P.O. Box Number is N				Accepta	ble)		
1327 N. CENTRAL AVENUE					l							
SEBASTIAN FL 32958					83							
SEDASTIAN FL 32930											85	Zip Code
1					84	City				FL	65 4	EIP COUG
11 Burguent	to the provisions of Sections 617.05	02 and 61	7 1508 Florida Statut	tes, the at	DOVE	-named con	poration submits t	his statement	for the	purpose of o	hanging	g its registered
A #6 00 0F F	naistered agent or both in the State	A Of Hond:	a Such change was a	шилопиес	DV I	me corporat	tion's board of dire	ctors. I hereb	y accep	t the appoin	tment a	s registered
agent. I a	m familiar with, and accept the oblig	gations of,	Section 617.0503, FIG	moa Statt	nes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										· ·		
12.	Signature, typed or printed name of registered as OFFICERS A			13.	~goi it	agracoro roquii		S/CHANGES	TO OFF	ICERS AND	DIREC	CTORS IN 12
	PD	(ND DIVE	☐ DELETE	1.1 111	BF						☐ Char	nge
TITLE	BURKS, DORIS		(3 555.1	1.2 NA				· .	٠.			
NAME	· · · · · · · · · · · · · · · · · · ·		1			ADDOCCO						
STREET ADDRESS	1063 LINCOLN STREET					ADDRESS		•				
CITY-ST-ZIP	FELLSMERE FL				1.4 CITY-ST-ZIP						Cha	nge Addition
TMLE	VD		_		2.1 TITLE							
NAME	BROWN, MARY E.				2.2 NAME					•		
STREET ADORESS	1009 LINCOLN STREET		2.3 \$		2.3 STREET ADDRESS							
CITY-ST-ZIP	FELLSMERE FL			2.4 C	TY-S	T-ZIP						=
TITLE	STD		☐ DELETE	3.1 TIT	ΓLE						Char	nge
NAME	THOMAS, DOROTHY			3.2 NA	ME			-		,	•	
STREET ADDRESS	1006 VERNON STREET			3.3 ST	REET	ADDRESS						
CITY-ST-ZIP	FELLSMERE FL			3.4. C	ITY-S	T-ZIP	<u>.</u> *					
TITLE	D		☐ DELETE	4.1 TD							Cha	nge Addition
NAME	LATIMER, JOHN			4. 2 N	AME							
STREET ADDRESS	12914 100TH PLACE					ADDRESS		,				
1	FELLSMERE FL			4.4 CI		l l						,
CITY-ST-ZIP	·	-	☐ DELETE	5.1 TI		-					Cha	nge Addition
TITLE	D MANIMINIC EDED		_ OLLLIL	5.1 AT							_ `	
NAME	MANNING, FRED			- 1		ADDRESS						
STREET ADDRESS	12910 100TH PLACE											
CITY-ST-ZIP	FELLSMERE FL		Carlete	5.4 CI 6.1 TI		1-4P					☐ Cha	nge Addition
TITLE	D		☐ DELETE								LIVIA	ingo Eradidotti
NAME	WILLIAMS, EDDIE			6.2 N								•
STREET ADDRESS	1021 VERNON STREET			6.3 ST	REET	ADDRESS				•		
CITY-ST-ZIP	FELLSMERE FL			6.4 CI	TY-\$1	T-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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 Date

561-571-0491 Daytime Phone #