


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90192 007 \*\*\*\*61.25

<b>DOCUMENT # N49446</b>		
1. Entity Name FELLSMERE CIVIC LEAGUE, INC.		

**40066720**



Principal Place of Business 1063 LINCOLN STREET FELLSMERE, FL 32948	Mailing Address 1063 LINCOLN STREET FELLSMERE, FL 32948
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04052006 Chg-NP CR2E037 (11/05)

City & State	City & State
Zip	Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	
VANDEVOORDE, RENE G. 1327 N. CENTRAL AVENUE SEBASTIAN, FL 32958	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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	DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKS, DORIS	NAME	
STREET ADDRESS	1063 LINCOLN STREET	STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE, FL	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARY E.	NAME	
STREET ADDRESS	1009 LINCOLN STREET	STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE, FL	CITY-ST-ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DOROTHY	NAME	
STREET ADDRESS	1006 VERNON STREET	STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE, FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATIMER, JOHN	NAME	
STREET ADDRESS	12914 100TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE, FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, FRED	NAME	
STREET ADDRESS	1007 VERNON ST	STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE, FL 32948	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, EDDIE	NAME	
STREET ADDRESS	1021 VERNON STREET	STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE, FL	CITY-ST-ZIP	

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: Dorothy M. Thomas, Dorothy M. Thomas	April 10, 06 - 772-571-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #