2007 OT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # N49446 1. Entity Name 04-30-2007 90391 015 ****61.25 FELLSMERE CIVIC LEAGUE, INC. Principal Place of Business Mailing Address 1063 LINCOLN STREET FELLSMERE FL 32948 1063 LINCOLN STREET FELLSMERE FL 32948 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Ccrtificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDEVOORDE, RENE G. Street Address (P.O. Box Number is Not Acceptable) 1327 N. CENTRAL AVENUE SEBASTIAN FL 32958 Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE. Registered Agent signature required writin reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DIRECTOR THE TITLE PD ☐ Defete Addition Rév. Ned Childress NAME NAME BURKS, DORIS 4524 N.W. Browneel TERR 4524 PORT St. Lucie FL 3 STREET ADDRESS 1063 LINCOLN STREET STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP FELLSMERE FL TIFLE ۷D Delete TIFLE ASSITANCE Section Addition NAME NAME BROWN, MARY E. Allyson Childress STREET ADDRESS 1009 LINCOLN STREET STREET ADDRESS CITY-ST-ZIP CHTY+ST-7/P Lacie FL 34983 FELLSMERE FL TITLE ☐ Defete TITLE STD Change Addition NAME NAME THOMAS, DOROTHY STREET ADDRESS STREET ADDRESS 1006 VERNON STREET CITY-ST-ZIP CITY-ST-ZIP FELLSMERE FL TITLE ☐ Delete THILE ☐ Change Addition Shanta NAME NAME LATIMER, JOHN 1053 Kindeln St STREET ADDRESS STREET ADDRESS 12914 100TH PLACE USMERE FI. CITY - ST - ZIP CITY ST ZIP FELLSMERE FL THILE TITLE D Delete Change Addition NAME MANNING, FRED NAME Fl 32948 STREET ADDRESS 1007 VERNON ST STREET ADDRESS EILSMERE CHY-ST-ZIP FELLSMERE FL 32948 CHY-ST-ZIP Alvin Smith 133 N Line st TILLE Delete THIE ☐ Change Addition NAME WILLIAMS, EDDIE NAME STREET ADDRESS STREET ADDRESS 1021 VERNON STREET FELLSMERE F1 32948 CITY-ST-ZIP CITY-ST-ZIP **FELLSMERE FL**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustoe 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:

FILED