

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49446

FILED
Apr 30, 2008
Secretary of State

Entity Name: FELLSMERE CIVIC LEAGUE, INC.

Current Principal Place of Business:

1063 LINCOLN STREET
FELLSMERE, FL 32948

New Principal Place of Business:

Current Mailing Address:

1063 LINCOLN STREET
FELLSMERE, FL 32948

New Mailing Address:

PO BOX 263
FELLSMERE, FL 32948

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDEVOORDE, RENE G.
1327 N. CENTRAL AVENUE
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURKS, DORIS,
Address: 1063 LINCOLN STREET
City-St-Zip: FELLSMERE, FL

Title: VD () Delete
Name: CHILDRESS, NED REV.
Address: 4524 N.W. BROWHEEL TERR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: STD () Delete
Name: THOMAS, DOROTHY,
Address: 1006 VERNON STREET
City-St-Zip: FELLSMERE, FL

Title: D () Delete
Name: LATIMER, JOHN
Address: 12914 100TH PLACE
City-St-Zip: FELLSMERE, FL

Title: AS () Delete
Name: CHILDRESS, ALLYSON
Address: 4524 N.W. BROWHEEL TERR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: SMITH, ALVIN
Address: 133 N LIME ST
City-St-Zip: FELLSMERE, FL 32948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY THOMAS

STD

04/30/2008

Electronic Signature of Signing Officer or Director

Date