

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49446

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** FELLSMERE CIVIC LEAGUE, INC.

**Current Principal Place of Business:**

235 S. HICKORY ST  
FELLSMERE, FL 32948

**New Principal Place of Business:**

**Current Mailing Address:**

235 S. HICKORY ST  
FELLSMERE, FL 32948

**New Mailing Address:**

**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  
Name: THOMAS, DOROTHY  
Address: N. WILLOW  
City-St-Zip: FELLSMERE, FL 32948

Title: VP  
Name: SMITH, ALVIN  
Address: 133 N. LIME ST  
City-St-Zip: FELLSMERE, FL 32948

Title: STD  
Name: SAVAGE, SARA  
Address: 235 S. HICKORY ST  
City-St-Zip: FELLSMERE, FL 32948

Title: D  
Name: BROWN, ANNIEMAE  
Address: VERNON ST  
City-St-Zip: FELLSMERE, FL

Title: D  
Name: TYSON, JOEL  
Address: MULBERRY ST  
City-St-Zip: FELLSMERE, FL 32948

Title: D  
Name: GOMEZ, YOLANDA  
Address: 101 COURT  
City-St-Zip: FELLSMERE, FL 32948

I hereby 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 all other like empowered.

SIGNATURE: SARA SAVAGE

STD

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date