

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90286 009 \*\*\*\*\*61.25

**DOCUMENT # N49446**

1. Entity Name

**FELLSMERE CIVIC LEAGUE, INC.**



Principal Place of Business

**1063 LINCOLN STREET  
FELLSMERE FL 32948**

Mailing Address

**1063 LINCOLN STREET  
FELLSMERE FL 32948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

*Signature of Rene G. Vandevor*

04/20/03

772-571-0491

CR2E037 (10/02)