
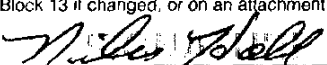


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004360 (4) 1. Corporation Name THE FELLSMERE COMMUNITY CHURCH, INC.					
Principal Place of Business P.O. BOX 608 FELLSMERE FL 32948			Mailing Address P.O. BOX 608 FELLSMERE FL 32948-0608		
2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29		3. Date Incorporated or Qualified 09/28/1993 3a. Date of Last Report 04/19/1996 4. FEI Number 59-3213177 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HALL, NILES 16 NORTH ORANGE STREET FELLSMERE FL 32948			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUSK, JAMES K TRUSTEE		1.2 NAME		
STREET ADDRESS	549 LAYPORT DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, NILES TRUSTEE		2.2 NAME		
STREET ADDRESS	16 NORTH ORANGE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE FL 32948		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLIVO, ANTHONY TRUSTEE		3.2 NAME		
STREET ADDRESS	220 POINCIANA ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: 			4-9-97 407-676-0413		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone # 0019905		

CP2E037 (9/96)