

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90098 049 ****61.25

DOCUMENT # N93000004360

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



2. Principal Place of Business

21 **SAME**
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

09/28/1993

4. FEI Number

59-3213177

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HUSK, JAMES K TRUSTEE**

STREET ADDRESS **549 LAYPORT DR.**

CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **D** ☐ DELETE

NAME **HALL, NILES TRUSTEE**

STREET ADDRESS **16 NORTH ORANGE ST.**

CITY-ST-ZIP **FELLSMERE FL 32948**

TITLE **D** ☒ DELETE

NAME **OLIVO, ANTHONY TRUSTEE**

STREET ADDRESS **220 POINCIANA ST**

CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ DELETE

NAME **...**

STREET ADDRESS **...**

CITY-ST-ZIP **...**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Adams 3rd, Nathan A. TRUSTEE**

1.3 STREET ADDRESS **1073 CARNATION DRIVE**

1.4 CITY-ST-ZIP **SEBASTIAN, FL 32958**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99

Date

561-571-0517

Daytime Phone #

CR2E037 (11/98)