

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004360

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HALL, NILES
16 NORTH ORANGE STREET
FELLSMERE FL 32948

7. Name and Address of New Registered Agent

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.

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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. 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 ADAMS, NATHAN A III
STREET ADDRESS 1073 CARNATION DR.
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☐ Delete
NAME RUEHMAN, DALE A
STREET ADDRESS 14030 109th ST
CITY-ST-ZIP FELLSMERE FL 32948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Nathan A Adams* **SIGNATURE REQUIRED** RUEHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-00

Date

561 595 1226

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90162 005 ****61.25

CR2E037 (5/00)