

2/21

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90029 046 \*\*\*\*61.25

**DOCUMENT # N93000004360**

1. Entity Name

**THE FELLSMERE COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 608  
FELLSMERE FL 32948P.O. BOX 608  
FELLSMERE FL 32948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3213177**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, NILES**  
**16 NORTH ORANGE STREET**  
**FELLSMERE FL 32948**

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**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 **RUEHMAN, DALE A**  
STREET ADDRESS **14030-109TH ST**  
CITY-ST-ZIP **FELLSMERE FL 32948**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Roger Grant Jr**  
STREET ADDRESS **5745 N. Tropicana Dr**  
CITY-ST-ZIP **Sebastian, FL 32958**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)