

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004360

FILED
Jan 11, 2009
Secretary of State

Entity Name: THE FELLSMERE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

12 N HICKORY
FELLSMERE, FL 32948

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 608
FELLSMERE, FL 32948

New Mailing Address:

FEI Number: 59-3213177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALL, NILES TRUSTEE
Address: 16 NORTH ORANGE ST.
City-St-Zip: FELLSMERE, FL 32948

Title: D () Delete
Name: WELLMAKER, RE
Address: 1565 PLEASANTVIEW LANE
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: TYSON, JOEL
Address: 22 N. MULBERRY ST
City-St-Zip: FELLSMERE, FL 32948

Title: D () Delete
Name: MCCANES, JOHN
Address: 144 N. ELM ST
City-St-Zip: FELLSMERE, FL 32948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCCANTS, JOHN A SR
Address: 144 N. ELM ST
City-St-Zip: FELLSMERE, FL 32948

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL TYSON

D

01/11/2009

Electronic Signature of Signing Officer or Director

Date