

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **N94000000008 (2)**

APR 1 1995 8:39

FELLSMERE HISTORICAL CHURCH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **39 NORTH BROADWAY
FELLSMERE FL 32948**

Mailing Address: **P O BOX 997
FELLSMERE FL 32948
US**

2. Principal Place of Business: **21 39 N. BROADWAY**

2a. Mailing Address: **26 PO BOX 997**

22. State: **FL**

23. City & State: **FELLSMERE, FL.**

24. Zip: **32948**

25. Country: **USA**

27. State: **FL**

28. City & State: **FELLSMERE**

29. Zip: **32948**

30. Country: **USA**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **12/23/1993**

3a. Date of Last Report: **04/12/1994**

4. FEI Number: **59-0475968**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing (First Fund) Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**VANDEVOORDE, RENE' G
1327 N. CENTRAL AVENUE
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent

B1 Name: _____

B2 Street Address (P.O. Box Number is Not Acceptable): _____

B3 _____

B4 City: _____

B5 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE CHECKS 14-17)	
12.1 TITLE: D	12.2 NAME: BORILL, DORIS	13.1 TITLE: _____	13.2 NAME: _____
12.3 STREET ADDRESS: 12285 15TH STREET	12.4 CITY, ST, ZIP: FELLSMERE FL 32948	13.3 STREET ADDRESS: _____	13.4 CITY, ST, ZIP: _____
12.1 TITLE: D/S	12.2 NAME: VANAUKEN, DAVID	13.1 TITLE: VP/D	13.2 NAME: TERRY COSNER
12.3 STREET ADDRESS: 1346 37TH STREET AVENUE	12.4 CITY, ST, ZIP: VERO BEACH FL 32960	13.3 STREET ADDRESS: 1427 Mackay Ave SE	13.4 CITY, ST, ZIP: Palm Bay, FL 32909
12.1 TITLE: D	12.2 NAME: HOREY, DONALD	13.1 TITLE: _____	13.2 NAME: _____
12.3 STREET ADDRESS: 14 SOUTH ELM STREET	12.4 CITY, ST, ZIP: FELLSMERE FL 32948	13.3 STREET ADDRESS: _____	13.4 CITY, ST, ZIP: _____
12.1 TITLE: D	12.2 NAME: HOREY, LEONA	13.1 TITLE: _____	13.2 NAME: _____
12.3 STREET ADDRESS: 14 SOUTH ELM STREET	12.4 CITY, ST, ZIP: FELLSMERE FL 32948	13.3 STREET ADDRESS: _____	13.4 CITY, ST, ZIP: _____
12.1 TITLE: D	12.2 NAME: COSNER, CHRIS	13.1 TITLE: _____	13.2 NAME: _____
12.3 STREET ADDRESS: 498 COPLEY TERR	12.4 CITY, ST, ZIP: SEBASTIAN FL 32958	13.3 STREET ADDRESS: _____	13.4 CITY, ST, ZIP: _____
12.1 TITLE: D	12.2 NAME: LORTON, ALOA	13.1 TITLE: D	13.2 NAME: ANDREA COSNER
12.3 STREET ADDRESS: 105TH STREET	12.4 CITY, ST, ZIP: FELLSMERE FL 32948	13.3 STREET ADDRESS: 1427 Mackay Ave SE	13.4 CITY, ST, ZIP: Palm Bay, FL 32909

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(6)(b), Florida Statutes. I further certify that the information included 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Suzella R. Cosner* **4/27/95 407-388-5755**

BIOGRAPHIC AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR