

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000008 (2)

1. Corporation Name

FELLSMERE HISTORICAL CHURCH, INC.



Principal Place of Business

Mailing Address

39 N. BDWY
FELLSMERE FL 32948
US

P.O. BOX 997
FELLSMERE FL 32948
US

3. Date Incorporated or Qualified
12/23/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **39 N. BROADWAY**

26 **P.O. Box 997**

4. FEI Number

59-0475968

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **FELLSMERE, FL**

28 **Fellsmere, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **32948**

25 **USA**

29 **32948**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	COSNER, TERRY	
STREET ADDRESS	1427 MACKAY AVE SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOREY, DONALD	
STREET ADDRESS	14 SOUTH ELM STREET	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOREY, LEONA	
STREET ADDRESS	14 SOUTH ELM STREET	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSNER, CHRIS	
STREET ADDRESS	498 COPLEY TERR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSNER, ANDREA	
STREET ADDRESS	1427 MACKAY AVE SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2477 ANCHOR RD, SE,
1.4 CITY-ST-ZIP	32909
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2477 ANCHOR RD, S.E,
5.4 CITY-ST-ZIP	32909
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 therewith.

SIGNATURE:

Suzella K. Cosner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96
Date

407-388-5455
Daytime Phone #

CR2E037 (12/95)