

3-20-97 B-3389 C
 FILE NOW: FILING FEE IS \$61.25

FILED
 Mar 20 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 39 N BROADWAY, FELLSMERE FL 32948, US
 Mailing Address: P.O. BOX 997, FELLSMERE FL 32948-0997, US



3. Date Incorporated or Qualified: 12/23/1993
 3a. Date of Last Report: 03/18/1996
 4. FEI Number: 59-0475968
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 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 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: _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSNER, TERRY	1.2 NAME	
STREET ADDRESS	2477 ANCHOR RD., S.E.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOREY, DONALD	2.2 NAME	SUSAN LEFT
STREET ADDRESS	14 SOUTH ELM STREET	2.3 STREET ADDRESS	1615 41ST ST.
CITY - ST - ZIP	FELLSMERE FL 32948	2.4 CITY - ST - ZIP	VERO BEACH, FL. 32960
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOREY, LEONA	3.2 NAME	STEVE LANTZ
STREET ADDRESS	14 SOUTH ELM STREET	3.3 STREET ADDRESS	14020 105TH ST.
CITY - ST - ZIP	FELLSMERE FL 32948	3.4 CITY - ST - ZIP	FELLSMERE, FL 32948
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSNER, CHRIS	4.2 NAME	
STREET ADDRESS	498 COPLEY TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEBASTIAN FL 32958	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSNER, ANDREA	5.2 NAME	
STREET ADDRESS	2477 ANCHOR RD., S.E.	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 with an address.

SIGNATURE: _____ DATE: 3/13/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)