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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

N9400000008 (2)

FELLSMERE HISTORICAL CHURCH, INC.

Principal Piace of Business Mailing Address

FILED Mar 20 1997 8:00am Secretary of State



39 N. BROADW FELLSMERE FL US		P.O. BOX 997 Fellsmere Fl 32948-09 US	997	3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pl	ara al Rueinace	2a. Mailing Address		12/23/1993	03/18/1996
2. Principal Place of Business		26. Walling Address		4. FEI Number 59-0475968	Applied For
Suite Apt.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State 23 Fをくしく	MERE, FL.	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24 3294	SMERE, FL, Country 8 25 INDIAN RIVER	Zip , 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Reg	pistered Agent
3 4 8 6 100 Fm 1	AAAAA AAAAA		81 Name		
1327 N.	OORDE, RENE' G CENTRAL AVENUE		i	Address (P.O. Box Number is Not Acceptabl	le)
SEBASTI	IAN FL 32958		B3		
			84 City		85 Zip Code
11. Pursuant t	o the provisions of Sections 617.0502	and 617 1508 Florida State	utes the above named	corporation submits this statement for the pu	FL 83 Zip Code
office or re	egistered agent, or both, in the State of	Florida Such change was	authorized by the corp	corporation's board of directors. I hereby accept	t the appointment as registered
	n lamiliar with, and accept the obligation	ons of, Section 617,0503, F	riorida Statutes.		
SIGNATURE				•	
	Stauature, typed or or nied name of registered agent a	and title it applicable (NC	TF Bouistered Agent signature i	required when semulating)	DATE
	Signature, typed or printed name of registered agent a OFFICERS AND I		OTE: Registered Agent signature i	M	DATE ERS AND DIRECTORS IN 12
				required when reinstating) ADDITIONS/CHANGES TO OFFICE	
12.	OFFICERS AND I VPDS COSNER, TERRY	DIRECTORS	13.	M	ERS AND DIRECTORS IN 12
12.	OFFICERS AND I	DIRECTORS	13. 1.1 TITLE	M	ERS AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS AND I VPDS COSNER, TERRY	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	M	ERS AND DIRECTORS IN 12
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12. TITLE NAME STREET ADDRESS CHY: ST. ZIP	OFFICERS AND I VPDS COSNER, TERRY 2477 ANCHOR RD., S.E. PALM BAY FL D HOREY, DONALD	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Addition
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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 open attachment with an address.