

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000008

1. Entity Name

FELLSMERE HISTORICAL CHURCH, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90044 006 \*\*\*\*61.25

Principal Place of Business <b>39 N. BROADWAY FELLSMERE FL 32948 US</b>	Mailing Address <b>P.O. BOX 997 FELLSMERE FL 32948-0997 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-0475968</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPDS	<input type="checkbox"/> Delete
NAME	<b>COSNER, TERRY</b>	
STREET ADDRESS	<b>2477 ANCHOR RD., S.E.</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LEFT, SUSAN</b>	
STREET ADDRESS	<b>1615 41ST ST</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LANTZ, STEVE</b>	
STREET ADDRESS	<b>14020 105TH ST</b>	
CITY-ST-ZIP	<b>FELLSMERE FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>COSNER, CHRIS</b>	
STREET ADDRESS	<b>498 COPLEY TERR</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>COSNER, ANDREA</b>	
STREET ADDRESS	<b>2477 ANCHOR RD., S.E.</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>LA DOW, FRED</b>	
STREET ADDRESS	<b>212 ARBOR LANE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JANET SANTOS</b>	
STREET ADDRESS	<b>18 S. CYPRESS ST.</b>	
CITY-ST-ZIP	<b>FELLSMERE FL. 32948</b>	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUELLA R. COSNER</b>	
STREET ADDRESS	<b>510 ACACIA ST.</b>	
CITY-ST-ZIP	<b>SEBASTIAN, FL. 32958</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luella R. Cosner*      2/14/00 561-388-5755  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)