

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90227 033 ****61.25

DOCUMENT # N94000000008

1. Entity Name

FELLSMERE HISTORICAL CHURCH, INC.

Principal Place of Business

Mailing Address

39 N. BROADWAY
 FELLSMERE FL 32948
 US

P.O. BOX 997
 FELLSMERE FL 32948
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0475968

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VPDS COSNER, TERRY	<input type="checkbox"/> Delete
STREET ADDRESS	2477 ANCHOR RD., S.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE NAME	D LEFT, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	1615 41ST ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	D LANTZ, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	14020 105TH ST	
CITY-ST-ZIP	FELLSMERE FL	
TITLE NAME	D COSNER, CHRIS	<input type="checkbox"/> Delete
STREET ADDRESS	498 COPLEY TERR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE NAME	D COSNER, ANDREA	<input type="checkbox"/> Delete
STREET ADDRESS	2477 ANCHOR RD., S.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE NAME	D SANTOS, JANET	<input type="checkbox"/> Delete
STREET ADDRESS	18 S. CYPRESS ST	
CITY-ST-ZIP	FELLSMERE FL 32948	

TITLE NAME	VPDS COSNER, TERRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	415 PINE WOODS ROAD	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D COSNER, ANDREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	415 PINE WOODS ROAD	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Luella R. Cosner 4/15/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037(10/00)