


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90015 049 ****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

4. FEI Number **59-0475968** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**



MOORE CR2E037 (11/03)

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. I am familiar with, and accept the obligations of registered agent.
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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPDS	<input type="checkbox"/> Delete
NAME	VOTAPKA, RICHARD	
STREET ADDRESS	8405 75TH COURT	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUER-SNELL, SHIRLEY	
STREET ADDRESS	79 N. PINE ST.	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANTZ, STEVE	
STREET ADDRESS	14020 105TH ST	
CITY-ST-ZIP	FELLSMERE FL	
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	SELLERS, JANICE	
STREET ADDRESS	373 14TH PL., SW	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTOS, JANET	
STREET ADDRESS	18 S. CYPRESS ST.	
CITY-ST-ZIP	FELLSMERE FL 32948	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: *Phyllis Boisvert* **PHYLLIS BOISVERT** 2/18/04 772-589-9758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #