


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90020 001 \*\*\*\*61.25

**DOCUMENT # N94000000008**

1. Entity 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 US**

**40040500**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01222007 Chg-NP CR2E037 (12/06)

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

4. FEI Number  
**59-0475968**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	P COSNER, CHRIS 498 COPLY TERR SEBASTIAN, FL 32958	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUER-SNELL, SHIRLEY 79 N. PINE ST. FELLSMERE, FL 32948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANTZ, STEVE 14020 105TH ST FELLSMERE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASUGA, NICKLOS 8176 97TH AVE VERO BEACH, FL 329673871	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLERS, JANICE 373 14TH PL., SW VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, JANET 18 S. CYPRESS ST. FELLSMERE, FL 32948	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LINDA YOTAPKA 8405 75TH CT. VERO BEACH, FL, 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AMY COSNER 498 COPLY TERR. SEBASTIAN, FL, 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 3/13/07 772-589-9758  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #