## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

711204

(8)

GERMAN-AMERICAN SOCIAL CLUB OF CAPE CORAL, FLORI DA, INC.

Principal Place of Business
P O BOX 1139
CAPE CORAL FL 33910

Mailing Address

P O BOX 1139 CAPE CORAL FL 33910-1139

## FILED Feb 13 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

								07/15/1966		03/15/19	96	
Principal Place of Business     1				2a. Mailing Address				4. FEI Number 23-7081446		Applied For Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					E. Cartificate of Status Project		\$8.75	Additional	
22			27					5. Certificate of Status Desired	<u></u>	Fee Re	quired	
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be	
23			28					Trust Fund Contribution	Added to Fees			
Zip	Country Zip			`	Country			8. This corporation has liability to			199.032,	
24	25 29			30			Florida Statutes Yes No					
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent  81 Name					
							VI Name					
ELUS, STEPHEN D.							82 Street Address (P.O. Box Number is Not Acceptable)					
4020 DEL PRADO						83						
SUITE A-1											Į.	
CAPE CORAL FL 33904							City		FL	<b>85</b> Zip (	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered												
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Repistered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIRECTORS				13.	13.		ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	T M DELETE				1.1 TITLI	Ē		reasurer		☐ Change	Addition	
NAME	BAJUSZ, HAROLD			1.2 NAM	E		ary M. Edgar					
STREET ADDRESS	3141 S.E. 8TH AVE.				1.3 STREET A			66 S.E. 5th. St.				
CITY - ST - ZIP	CAPE CORAL FL				1.4 CITY	- ST-2		ape Coral, Fl. 33990	 			
TITLE	<b>VP</b> □ DELETE			2.1 TITL	E		irector		Change	Addition		
NAME					2.2 NAM	ΙE		lter Antlitz				
STREET ADDRESS					2.3 STR	ET AD	DRESS 52	7 S.W. 57th. Street				
CITY-ST-ZIP					2.4 CIT		ZIP Ca	pe Coras, F1. 33914		T 7 2.		
TITLE	***				3.1 TIYL		-			L Change	Addition	
NAME					3.2 NAM							
STREET ADDRESS	1208 S.W. 53RD STREET				3.3 STR	EET AD	DRESS					
CITY-ST-ZIP					3.4. CIT	······	ZIP			Db	Addition	
TOLE					4.1 Titu		- 1			☐ Change	Addition	
NAME	WINTER, LOTTE					4. 2 NAME						
STREET ADDRESS	1133 S.E. 32ND. TERRACE				4.3 STR							
CITY-ST-ZIP	CAPE CORAL FL 33983  D				4.4 CITY 5.1 TITL		ZIP			Change	Addition	
TITLE	•									שטוושווט נייין		
NAME	AND ALLINOISE ATTOCK				5.2 NAM		NDBECC				}	
STREET ADDRESS					5.3 STRI 5.4 City						1	
CITY-ST-ZIP TITLE					6.1 TITL		CH.			Change	Addition	
NAME	_	NS, JOAN			6.2 NAM							
STREET ADDRESS	ARA CIRCALIA CENTER						DRESS					
CITY-ST-ZIP	PUNTA GORDA FL 33983-5760						1				1	
14. I do hereb	y certify tha	t the information supplied	with this	filing does not qualif	y for the e	xem	ption state	d in Section 119.07(3)(i), Florida Statu	ites. I furthe	r certify that	the	
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, op on an attachment with an address.												