


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90336 007 ****61.25

DOCUMENT # 712555

1. Entity Name
AMERICAN-GERMAN CLUB, INC.



Principal Place of Business
**5111 LANTANA ROAD
LAKE WORTH FL 33463**

Mailing Address
**P. O. BOX 5376
LAKE WORTH FL 33466-5376
US**

90011194



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

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

4. FEI Number **59-1872564**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**FOSTER, THOMAS
27 FOREST HILLS PLANE
BOCA RATON FL 33431**

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 *Thomas Foster*
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	Delete <input type="checkbox"/>
NAME	LUX, ANTON	
STREET ADDRESS	1000 SW 26TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	T	Delete <input type="checkbox"/>
NAME	RINGER, SHIRLEY	
STREET ADDRESS	88 CUYAHOGA ROAD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	Delete <input type="checkbox"/>
NAME	SCHAFFHAOSER, JACK	
STREET ADDRESS	7273 CATALINA ISLE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	Delete <input type="checkbox"/>
NAME	WLOSZIK, FRANK	
STREET ADDRESS	7227 LUGANO DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	Delete <input type="checkbox"/>
NAME	WACKER, BRENT	
STREET ADDRESS	9392 PINTO DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	Delete <input type="checkbox"/>
NAME	KING, GARY	
STREET ADDRESS	26 VISTA DEL RIO	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	PAUL FINKE		
STREET ADDRESS	1320 SW 25TH WAY		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	ARTUR RADWIN		
STREET ADDRESS	1390 PAMPAS WAY		
CITY-ST-ZIP	WELLINGTON, FL 33414		
TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	HERBERT NANGER		
STREET ADDRESS	2597 B W EMORY DR.		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		
TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	DANIEL O'DONOHUE		
STREET ADDRESS	10383 S. CIRCLE LAKE DR. #201		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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: *Thomas Foster* **SIGNATURE REQUIRED**

1/25/03

CR2E037 (10/02)