

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

~~700001763067~~
~~-03/29/96--01086--005~~
~~***61.25~~

DOCUMENT # 735916 (9)

1. Corporation Name
GERMAN AMERICAN CLUB OF THE TREASURE COAST, INC.



Principal Place of Business: 35B DREAM CT, P. O. BOX 8076, PT. ST. LUCIE 33452, FORT PIERCE FL 34985
Mailing Address: 35B DREAM CT, P. O. BOX 8076, PT. ST. LUCIE 33452, FORT PIERCE FL 34985

3. Date Incorporated or Qualified: 05/25/1976
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 Community Center, 22 200 S.W. Prima Vista, 23 Port ST-Lucie, Florida, 24 34983
2a. Mailing Address: 26 317 Topaz Terrace, 27, 28 Jensen Beach, Florida, 29 34957, 30 Martin

4. FEI Number: 59-1702937
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: KRAUSS, MARGARET, 5848 DREAM CT, FORT PIERCE FL 34982

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83 700001763067, 84 City: ***66.25, 85 Zip Code: FL

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: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SORSCH, WERNER	
STREET ADDRESS	1726 SE MANTH LN	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KRAUSS, MARGARET	
STREET ADDRESS	5848 DREAM CT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULKEN, FRANCES	
STREET ADDRESS	357 MOCKINGBIRD AVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINKLER, WILBERT	
STREET ADDRESS	1179 SE CLIFTON LN	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAISCH, WALTER	
STREET ADDRESS	142 S.E. CROSSPOINT DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Sorsch Werner	
13 STREET ADDRESS	3571 S.E. Fairway West	
14 CITY-ST-ZIP	Stuart, Fl. 34997	
21 TITLE	Vice President	<input checked="" type="checkbox"/> Addition
22 NAME	Glass Joseph	
23 STREET ADDRESS	2581 Caladium Ave.	
24 CITY-ST-ZIP	Pt. St-Lucie, Fl. 34952	
31 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Schwaerzli Chris	
33 STREET ADDRESS	317 Topaz Terrace	
34 CITY-ST-ZIP	Jensen Beach, Fl. 34957	
41 TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Jones Wyndham	
43 STREET ADDRESS	602 S.W. Jaslo Ave.	
44 CITY-ST-ZIP	Pt. St-Lucie, Fl. 34953	
51 TITLE	Financial Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Helm Ann	
53 STREET ADDRESS	322 Penderosa	
54 CITY-ST-ZIP	Ft. Pierce, Fl. 34982	
61 TITLE	Mary Davidson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	4800 S.E. Federal Hwy. Lot 54	
63 STREET ADDRESS	Stuart, Fl. 34997	
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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, or on an Attachment with an address.

SIGNATURE: *[Signature]* DATE: 7-16-6, 1996 407-334-4665

CR2E037 (12/95)

03-29-1996