


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90019 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 735916

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

Principal Place of Business P O BOX 1876 PORT ST LUCIE FL 33452	Mailing Address 317 TOPAZ TERRACE JENSEN BEACH FL 34957
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/25/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1702937
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent SCHMALFELDT, HANS 3100 S.E. PRUITT RD. B-201 PORT ST. LUCIE FL 34952	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	GLASS, JOSET 2581 CALADIUM AVE PORT ST. LUCIE FL 34952	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	GLASS JOSEF
TITLE VP	STEPHEN, ERNIE 8768 S.W. TROPICAL AVE STUART FL 34997	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	SCHMALFELEDT, HANS 3100 S. E. PRUITT RD. B-301 PORT ST. LUCIE FL 34952	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SCHMALFELDT HANS
TITLE DBM	HEIM, ANN 522 PANDEROSA FT. PIERCE FL 34982	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	GRIESHABER, GERD 3101 S.W. LANDALE BLVD. PORT ST. LUCIE FL 34953	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	GOULD, BILL 1015 KITCHING COVE LANE PORT ST. LUCIE FL 34952	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D DEGER GEORGE 1166S.W.MIRROR LAKE COVE PORT ST. LUCIE FL34986

14. 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 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, with all other like empowered.

SIGNATURE: Hans Schmalfeldt Treas. 1-24-99 561-398-8534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0074604
CR2E037 (1/98)