

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735916

FILED
Jan 08, 2006
Secretary of State

Entity Name: GERMAN AMERICAN CLUB OF THE TREASURE COAST, INC.

Current Principal Place of Business:

P O BOX 8076
PORT ST LUCIE, FL 34985

New Principal Place of Business:

Current Mailing Address:

513 N.W. GALATONE COURT
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 59-1702937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUP, GEBHARD
513 N.W. GALATONE COURT
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAUP, GEBHARD
Address: 513 NW GALATONE CT
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP () Delete
Name: STEPHAN, ERNIE
Address: 8768 SW TROPICAL AVE
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: HELLRIEGEL, GENE
Address: 340 NW TOSCANE TRAIL
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SDM () Delete
Name: EISENMAN, KARIN
Address: 347 NW TOSCANE TRAIL
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: FALLEN, JAMES
Address: 448 SW TALQUIN LN
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: GELINA, ROBERT
Address: 1102 SE MCFARLANE AVE
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: STEPHAN, ERNIE
Address: 3815SE BLUEBILLE PL
City-St-Zip: STUART, FL 34997

Title: T (X) Change () Addition
Name: HOFFMAN, CHARLOTTE
Address: 8529 LEADTREE COURT
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEBHARD SAUP

P

01/08/2006

Electronic Signature of Signing Officer or Director

_____ Date