


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90032 020 ****61.25

DOCUMENT # 735916

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



Principal Place of Business
 513 NW GALATONE COURT
 PORT ST LUCIE, FL 34986

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

40063000



2. Principal Place of Business - No P.O. Box #
 831 NW Greenwich Ct.

3. Mailing Address
 831 NW Greenwich Ct.

Suite, Apt. #, etc.

04032008 Chg-NP CR2E037 (12/06)

City & State
 Port St. Lucie FL

City & State
 Port St. Lucie FL

4. FEI Number
 59-1702937

Applied For
 Not Applicable

Zip
 34983

Country

Zip
 34983

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Hans Schmalfeldt*

Street Address (P.O. Box Number is Not Acceptable)
831 NW Greenwich Ct.

City *Port St. Lucie* **FL** Zip Code *34983*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	P SAUP, GEBHARD 513 NW GALATONE CT PORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHAN, ERNIE 3815SE BLUEBILLE PL STUART, FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEUSER, DIETER 518 NW BLUE LAKE DRIVE PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDM EISENMAN, KARIN 347 NW TOSCANE TRAIL PORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLEN, JAMES 448 SW TALQUIN LN PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELINA, ROBERT 1102 SE MCFARLANE AVE PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Hans Schmalfeldt</i> <i>831 NW Greenwich Ct.</i> <i>Port St. Lucie FL, 34983</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>Gerhard Krebs</i> <i>245 NE MacArthur Blvd.</i> <i>Stuart FL 34996</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Hans Schmalfeldt* _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR