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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 757526 (9)

1. Corporation Name
GERMAN-AMERICAN CLUB OF ST. AUGUSTINE, INC.

Principal Place of Business	Mailing Address
1985 STATE RD 16 PO BOX 3303 ST AUGUSTINE FL 32085	1985 STATE RD 16 PO BOX 3303 ST AUGUSTINE FL 32085

3. Date Incorporated or Qualified: 04/13/1981

4. FEI Number: 59-1741922 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEINBERG, MICHELLE
1985 SR 16
ST AUGUSTINE FL 32095

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEINBERG, MICHELLE		1.2 NAME		
STREET ADDRESS	1985 SR 16		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUDLEY, GLORIA		2.2 NAME		
STREET ADDRESS	1985 SR 16		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PETZEL, BOB		3.2 NAME		
STREET ADDRESS	1985 SR 16		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	JONES, GUDR		4.2 NAME	BASTIAN, GUSTAV	
STREET ADDRESS	1985 SR 16		4.3 STREET ADDRESS	1985 SR16	
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP	ST.AUGUSTINE, FL,	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: GUSTAV BASTIAN 3/4/98 (904)287-9473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0001774