

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 10:55

DOCUMENT # **N14954** (4)

1. Corporation Name

GERMAN AMERICAN FRIENDSHIP CLUB OF VENICE, INC.

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/19/1986 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-2836922 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|---------------------|---|----|
| Principal Place of Business | | Mailing Address | |
| 239 PARKVIEW DR % HEINZ FEUERBERG VENICE FL 34293 | | 238 PARKVIEW DR % HEINZ FEUERBERG VENICE FL 34293 | |
| 2. Principal Place of Business | 2b. Mailing Address | 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 22 | 27 |
| City & State | City & State | 23 | 28 |
| Zip | Country | 24 | 29 |
| | | 30 | |

9. Name and Address of Current Registered Agent

FEUERBERG, HEINZ
238 PARKVIEW DR
VENICE FL 34293

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 607.0502 and 607.1508, 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 607.0505, 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 | D |
| NAME | KRAMER, KEN |
| STREET ADDRESS | 1225 LUCAYA AVENUE |
| CITY-ST-ZIP | VENICE FL |
| TITLE | D |
| NAME | HESHER |
| STREET ADDRESS | 4717 BONITA ROAD |
| CITY-ST-ZIP | VENICE FL |
| TITLE | S |
| NAME | ORBAN, IRMGARD |
| STREET ADDRESS | 219 LAUREL HOLLOW RD |
| CITY-ST-ZIP | VENICE FL |
| TITLE | D |
| NAME | PLAZAR, TONY |
| STREET ADDRESS | 87 OBERLIN RD |
| CITY-ST-ZIP | VENICE FL |
| TITLE | T |
| NAME | FEUERBERG, HEINZ |
| STREET ADDRESS | 238 PARKVIEW DR |
| CITY-ST-ZIP | VENICE FL |
| TITLE | P |
| NAME | PELNER J. SCHUERGER |
| STREET ADDRESS | 415 GUIFARCEZZO BLVD. |
| CITY-ST-ZIP | VENICE FL 34293 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|---|
| 1.1 TITLE | V.P. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ELVIRA KUHN | |
| 1.3 STREET ADDRESS | 447 BOTTICELLI DR. | |
| 1.4 CITY-ST-ZIP | NOKO HIS, FL 34275 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Heinz Feuerberg - Treasurer March 8, 1995 813-497-9338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #