

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N14954 (4)**  
1. Corporation Name  
**GERMAN AMERICAN FRIENDSHIP CLUB OF VENICE, INC.**



Principal Place of Business  
**238 PARKVIEW DR  
% HEINZ FEUERBERG  
VENICE FL 34293**

Mailing Address  
**238 PARKVIEW DR  
% HEINZ FEUERBERG  
VENICE FL 34293**

3. Date Incorporated or Qualified **05/19/1986**      3a. Date of Last Report **03/13/1995**

21	2. Principal Place of Business <b>1801 FLAMETREE LN</b>	2a. Mailing Address <b>1801 FLAMETREE LN</b>
22	Suite, Apt. #, etc. <b>% GLENN C. KOFSKY</b>	Suite, Apt. #, etc. <b>% GLENN C. KOFSKY</b>
23	City & State <b>VENICE, FL</b>	City & State <b>VENICE, FL</b>
24	Zip <b>34293</b>	Country <b>SARASOTA</b>
29	Zip <b>34293</b>	Country <b>SARASOTA</b>

4. FEI Number **59-2836922**      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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 <b>GLENN C. KOFSKY</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>1801 FLAMETREE LN</b>
83	
84	City <b>VENICE, FL</b>
85	Zip Code <b>34293</b>

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 *Glenn C. Kofsky* **TREASURER**      **3-5-96**  
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	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KRAMER, KEN</b>
STREET ADDRESS	<b>1225 LUCAYA AVENUE</b>
CITY-ST-ZIP	<b>VENICE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HESHER</b>
STREET ADDRESS	<b>4717 BONITA ROAD</b>
CITY-ST-ZIP	<b>VENICE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>ORBAN, IRMGARD</b>
STREET ADDRESS	<b>219 LAUREL HOLLOW RD</b>
CITY-ST-ZIP	<b>VENICE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PLAZAR, TONY</b>
STREET ADDRESS	<b>87 OBERLIN RD</b>
CITY-ST-ZIP	<b>VENICE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>FEUERBERG, HEINZ</b>
STREET ADDRESS	<b>238 PARKVIEW DR</b>
CITY-ST-ZIP	<b>VENICE FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SCHUERGER, ELMER</b>
STREET ADDRESS	<b>415 GULF BREEZE BLVD</b>
CITY-ST-ZIP	<b>VENICE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>GLENN C. KOFSKY</b>
13 STREET ADDRESS	<b>1801 FLAMETREE LN.</b>
14 CITY-ST-ZIP	<b>VENICE, FL 34293</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>FEUERBERG, HEINZ</b>
53 STREET ADDRESS	<b>238 PARKVIEW DR</b>
54 CITY-ST-ZIP	<b>VENICE, FL 34293</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Glenn C. Kofsky* **GLENN C. KOFSKY (TREASURE)** **3-5-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)