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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N14954 (4)

1. Corporation Name

GERMAN AMERICAN FRIENDSHIP CLUB OF VENICE, INC.



Principal Place of Business

Mailing Address

% GLENN C KOFSKY
1801 FLAMETREE LANE
VENICE FL 34293
US

% GLENN C. KOFSKY
1801 FLAMETREE LANE
VENICE FL 34293-2014
US

3. Date Incorporated or Qualified
05/19/1986

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2836922

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOFSKY, GLENN C.
1801 FLAMETREE LANE
VENICE FL 34293

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	KOFSKY, GLENN	
STREET ADDRESS	1801 FLAMETREE LANE	
CITY - ST - ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HESHER	
STREET ADDRESS	4717 BONITA ROAD	
CITY - ST - ZIP	VENICE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ORBAN, IRMGARD	
STREET ADDRESS	219 LAUREL HOLLOW RD	
CITY - ST - ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PLAZAR, TONY	
STREET ADDRESS	87 OBERLIN RD	
CITY - ST - ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEUERBERG, HEINZ	
STREET ADDRESS	238 PARKVIEW DR	
CITY - ST - ZIP	VENICE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHUERGER, ELMER	
STREET ADDRESS	415 GULF BREEZE BLVD	
CITY - ST - ZIP	VENICE FL	

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LASKOWSKY PETER	
1.3 STREET ADDRESS	2816 GARRIOTT LA.	
1.4 CITY - ST - ZIP	SARASOTA, FL 33582	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BURTON BARBEL	
2.3 STREET ADDRESS	364 RALLUS RD.	
2.4 CITY - ST - ZIP	VENICE, FL 34293	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KUHN ELVIRA	
3.3 STREET ADDRESS	447 BOTTICELLI DR.	
3.4 CITY - ST - ZIP	NOKOMIS, FL 34275	
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 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: *Glenn C. Kofsky* (GLENN KOFSKY - TREASURER) 3-1-97 941-497-5475

CR2E037 (9/96)