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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N14954**

1. Corporation Name
GERMAN AMERICAN FRIENDSHIP CLUB OF VENICE, INC.

* 1 4 7 6 9 8 *
 147690 . 90120 . 28

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
 US~~



21	Principal Place of Business % R.P. KOEHLER	2a. Mailing Address SAME	3. Date Incorporated or Qualified 05/19/1986
22	Suite, Apt. #, etc. 1500 maple ST.	Suite, Apt. #, etc.	4. FEI Number 59-2836922
23	City & State NOKOMIS, FL	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 34275	Country SARASOTA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **ERICH SCHMITT**

82 Street Address (P.O. Box Number is Not Acceptable)
861 PINTO CIRCLE

83

84 City **NOKOMIS** FL 85 Zip Code **34275**

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 *Erich Schmitt* **ERICH SCHMITT, TREASURER** DATE **2/6/99**

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

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FEUERBERG, HEINZ	
STREET ADDRESS	238 PARKVIEW DR	
CITY-ST-ZIP	VENICE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KUHNAU, HANS	
STREET ADDRESS	116 BRANDYWINE CIR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LAKSOWSKI, PETER	
STREET ADDRESS	2816 GARRIOT LN	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHUERGER, ELMER	
STREET ADDRESS	415 GULFBREEZE BLVD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	R VP	<input type="checkbox"/> DELETE
NAME	ZARZUTZKI, RUDOLF	(CHANGE)
STREET ADDRESS	3265 MEADOW RUN DR	
CITY-ST-ZIP	VENICE FL 34249	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KUNERT, BRIGITTE	
STREET ADDRESS	230 SANTA MARIA ST, #E-231	
CITY-ST-ZIP	VENICE FL 34285	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ERICH SCHMITT	
1.3 STREET ADDRESS	861 PINTO CIRCLE	
1.4 CITY-ST-ZIP	NOKOMIS FL 34275	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT P. KOEHLER	
2.3 STREET ADDRESS	1500 MAPLE ST.	
2.4 CITY-ST-ZIP	NOKOMIS FL 34275	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN PATTON	
3.3 STREET ADDRESS	4831 SUMMERDAYS RD.	
3.4 CITY-ST-ZIP	VENICE, FL 34293	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SIGFRIED SIGWART	
4.3 STREET ADDRESS	9 WINDSON DR	
4.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WINK HANROWINKLE	
5.3 STREET ADDRESS	117 SANDSTONE	
5.4 CITY-ST-ZIP	VENICE, FL 34293	
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 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, with all other like empowered.

SIGNATURE: *R.P. Koehler* **R.P. KOEHLER** DATE **2/6/99** DAYTIME PHONE # **(941) 484-3599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)