


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90392 027 \*\*\*\*61.25

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # N14954</b>  |         |  |         |
| 1. Entity Name<br><b>GERMAN AMERICAN FRIENDSHIP CLUB OF VENICE, INC.</b>  |         |   |         |
| Principal Place of Business<br><b>SOUTH VENICE YACHT CLUB<br/>YACHT CLUB DR.<br/>VENICE FL 34293<br/>US</b>               |         | Mailing Address<br><b>PO BOX 44<br/>VENICE FL 34284</b>                           |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><b>KUHMAN, HANS O<br/>116 BRANDYWINE CIRCLE<br/>ENGLEWOOD FL 34223</b> |         | 7. Name and Address of New Registered Agent                                       |         |
| Name  |         | Name  |         |
| Street Address (P.O. Box Number is Not Acceptable)  |         | Street Address (P.O. Box Number is Not Acceptable)                                |         |
| City  |         | City  |         |
| FL  |         | Zip Code  |         |

64000024



MOORE CR2E037 (11/03)

4. FEI Number **59-2836922** Applied For  
Not Applicable

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Hans O. Kuhnman Pres. DATE Feb. 25-2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
|---|--|--|--|
| T<br>TITLE NAME<br>ZARUTZKI, RUDOLF<br>STREET ADDRESS<br>3265 MEADOW RUN DR<br>CITY-ST-ZIP<br>VENICE FL 34293       | <input type="checkbox"/> Delete            | T<br>TITLE NAME<br>KUHNAU, HANS O.<br>STREET ADDRESS<br>CORRECTION   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| PD<br>TITLE NAME<br>KUHMANN, HANS O<br>STREET ADDRESS<br>116 BRANDYWINE CIRCLE<br>CITY-ST-ZIP<br>ENGLEWOOD FL 34223 | <input type="checkbox"/> Delete            | SD<br>TITLE NAME<br>CARLTON, JOAN<br>STREET ADDRESS<br>40 SPORTSMAN COURT<br>CITY-ST-ZIP<br>ROTONDA-WEST, FL 33947 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| SD<br>TITLE NAME<br>ORBAN, IRMGARD<br>STREET ADDRESS<br>291 LAUREL YELLOW DRIVE<br>CITY-ST-ZIP<br>NOKOMIS FL 34275  | <input checked="" type="checkbox"/> Delete | T<br>TITLE NAME<br>FISHER, HARRY<br>STREET ADDRESS<br>8461 TANAKA DR.<br>CITY-ST-ZIP<br>ENGLEWOOD, FL 34223        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TD<br>TITLE NAME<br>GROSS, MANFRED<br>STREET ADDRESS<br>221 HIGH STREET<br>CITY-ST-ZIP<br>WHITMAN MA 02382          | <input type="checkbox"/> Delete            | T<br>TITLE NAME<br>4685 LITTLE JOHN TRAIL<br>STREET ADDRESS<br>SARASOTA, FL 34232                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| T<br>TITLE NAME<br>KOESTER, GERHARD<br>STREET ADDRESS<br>4704 OAKHILL DRIVE<br>CITY-ST-ZIP<br>SARASOTA FL 34232     | <input type="checkbox"/> Delete            | T<br>TITLE NAME<br>PAHL, SIEGFRIED<br>STREET ADDRESS<br>4818 JACARAMDA HGTS.<br>CITY-ST-ZIP<br>VENICE FL 34293     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hans O. Kuhnman DATE: Feb. 25-04 Daytime Phone #: 941-473-0327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR