


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90005 040 \*\*\*\*61.25

<b>DOCUMENT # N14954</b>					
1. Entity Name GERMAN AMERICAN FRIENDSHIP CLUB OF VENICE, INC.					
Principal Place of Business SOUTH VENICE YACHT CLUB YACHT CLUB DR. VENICE, FL 34293 US			Mailing Address PO BOX 44 VENICE, FL 34284		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-2836922	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KUHNAU, HANS O 116 BRANDYWINE CIRCLE ENGLEWOOD, FL 34223				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	PAHL SONJA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, PERRY		NAME	4818 JACARAMDA HGTS.	
STREET ADDRESS	5048 BELLA TERRA		STREET ADDRESS	VENICE, FL 34293	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHNAU, HANS O		NAME		
STREET ADDRESS	116 BRANDYWINE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, JOAN		NAME		
STREET ADDRESS	40 SPORTMAN COURT		STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST, FL 33947		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, MANFRED		NAME		
STREET ADDRESS	221 HIGH STREET		STREET ADDRESS		
CITY-ST-ZIP	WHITMAN, MA 02382		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEWERT, FRED		NAME		
STREET ADDRESS	9 WINDSOR DR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAHL, SIEGFRIED		NAME		
STREET ADDRESS	4818 JACARAMDA HGTS.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Hans O. Kuhnan</u>		Date: <u>July 10, 06</u>		Phone: <u>944-73-0327</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>	

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