


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90086 009 \*\*\*\*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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2836922				Applied For Not Applicable	
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 PAHL, Siegfried H. Street Address (P.O. Box Number is Not Acceptable) 4818 Jacaranda Hgts. Dr. City Venice FL Zip Code 34293		
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 <u>Sonja Pahl</u>		SIGNATURE <u>Mudtahl</u>		DATE <u>2/1/07</u>	
Filing Fee is \$81.25 Due by May 1, 2007		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	SONJA, PAHL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SONJA, PAHL		NAME		
STREET ADDRESS	4818 JACARANDA HGTS		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUHNAU, HANS O		NAME	Pahl, Siegfried	
STREET ADDRESS	116 BRANDYWINE CIRCLE		STREET ADDRESS	4818 Jacaranda Hgts. Dr	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	Venice, Fl. 34293	
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 checked="" type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAHL, SIEGFRIED		NAME	Norman Macbellan	
STREET ADDRESS	4818 JACARAMDA HGTS.		STREET ADDRESS	4301 Corso - Venetia Blvd.	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	Venice, Fl. 34293	
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 817, 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>Mudtahl Treas.</u>		SIGNATURE: <u>Mudtahl</u>		DATE <u>2/1/07</u> DAYTIME PHONE # <u>941-497-2692</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

ATTACHMENT  
4009718  
Division of Corporations



Annual Report

Annual Report Help

Document Number  
N14954

Business Entity Name  
GERMAN AMERICAN FRIENDSHIP CLUB OF VENICE, INC.

FEI Number 592836922  
FEI Number Status  Listed Above  Applied For  Not Applicable  
Certificate of Status Desired  Yes  No \$8.75 each  
Election Campaign Financing Trust Fund Contribution  Yes  No

Principal Place of Business

Address SOUTH VENICE YACHT CLUB  
Suite, Apt. #, etc. YACHT CLUB DR.  
City, State VENICE, FL  
Zip Code & Country 34293 US

Mailing Address

Address PO BOX 44  
Suite, Apt. #, etc.  
City, State VENICE, FL  
Zip Code & Country 34284

Name and Address of Registered Agent

Name (Last, First, Middle, Title) PAHL, SIEGFRIED, H, PRES.

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 4818 JACARANDA HEIGHTS DRIVE  
Suite, Apt. #, etc.  
City, State VENICE, FL  
Zip Code & Country 34293 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title TREA  
Name (Last, First, Middle, Title) PAHL , SONJA , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 4818 JACARANDA HEIGHTS DRIVE  
City, State VENICE , FL  
Zip Code & Country 34293

Title PD  
Name (Last, First, Middle, Title) PAHL , SIEGFRIED , ,

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

Title SEC  
Name (Last, First, Middle, Title) CARLTON , JOAN , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 40 SPORTMAN COURT  
City, State ROTONDA WEST , FL  
Zip Code & Country 33947

Title TD

# N14954

Name (Last, First, Middle, Title) GROSS, MANFRED, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 221 HIGH STREET  
City, State WHITMAN, MA  
Zip Code & Country 02382

Title T  
Name (Last, First, Middle, Title) SIEWERT, FRED, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 9 WINDSOR DR  
City, State ENGLEWOOD, FL  
Zip Code & Country 34223

Title V.P.  
Name (Last, First, Middle, Title) MACLELLAN, NORMAN, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 4301 CORSO-VENITIA BLVD.  
City, State VENICE, FL  
Zip Code & Country 34293

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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