

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

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| DOCUMENT # N14954 | |
| 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 |



03072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 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

**PAHL, SIEGFRIED H
4818 JACARANDA HTS DR
VENICE, FL 34293**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SONJA, PAHL 4818 JACARANDA HGTS VENICE, FL 34293 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PAHL, SIEGFRIED 4818 JACARANDA HTS DR VENICE, FL 34293 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CARLTON, JOAN 40 SPORTMAN COURT ROTONDA WEST, FL 33947 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GROSS, MANFRED 221 HIGH STREET WHITMAN, MA 02382 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SIEWERT, FRED 9 WINDSOR DR ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MACLELLAN, NORMAN 4301 CORSO-VENETIA BLVD VENICE, FL 34293 |

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03/27/08-80037-010 61.25

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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 names empowered.

SIGNATURE: *Raymond Treanor* 3/10/08 941-497-2692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #