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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N51321** (0)

1. Corporation Name
G.A.S.C. SCHUETZENVEREIN INC.

Principal Place of Business Mailing Address

2101 SW PINE ISLAND RD
P O BOX 1139
CAPE CORAL FL 33910
US

3141 SE 8TH AVE
CAPE CORAL FL 33904
US

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/12/1992		04/01/1994		65-0371744	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	
Zip		Country		Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
21		22		23		24		25	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1992

3a. Date of Last Report: 04/01/1994

4. FEI Number: 65-0371744

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

BAJUSZ, HAROLD
2101 SW PINE ISLAND ROAD
CAPE CORAL FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAJUSZ, HAROLD
STREET ADDRESS	3141 SE 8TH AVE.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D
NAME	HARDEN, CLIFFORD
STREET ADDRESS	3517 SE 4TH PLACE
CITY-ST-ZIP	CAPE CORAL FL
TITLE	STD
NAME	WINTER, LOTTIE
STREET ADDRESS	133 SE 32ND TERRACE
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D
NAME	BARTLETT, JOHN
STREET ADDRESS	1224 SW 53RD TERRACE
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D
NAME	WILDY, FRED
STREET ADDRESS	1378 STRASSBURG DR
CITY-ST-ZIP	PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SOL M. BAJUSZ	
1.3 STREET ADDRESS	3141 SE 8TH AVE.	
1.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WERNER FAITSCH	
2.3 STREET ADDRESS	1356 MAYFAIR TER.	
2.4 CITY-ST-ZIP	FT. MYERS, FL. 33991	
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HELMI GILMAN	
3.3 STREET ADDRESS	3602 SW 3 AVE.	
3.4 CITY-ST-ZIP	CAPE CORAL, FL. 33914	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GERTRUD MENNEKING	
4.3 STREET ADDRESS	5953 SW 18 COURT	
4.4 CITY-ST-ZIP	CAPE CORAL, FL. 33914	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LOTTE WINTER	
5.3 STREET ADDRESS	1133 SE 32 TER.	
5.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

\$87 1130

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sol M. Bajusz (President)* DATE: *Jan. 17, 1995 (813-574-6715)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR