

4-15-97 B 4688 C  
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 Apr 15 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham - Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # N51321 (0)  
 1. Corporation Name  
 G.A.S.C. SCHUETZENVEREIN INC.



Principal Place of Business  
 2101 SW PINE ISLAND RD  
 P O BOX 1139  
 CAPE CORAL FL 33910  
 US

Mailing Address  
 3141 SE 8TH AVE  
 CAPE CORAL FL 33904-3510  
 US

2. Principal Place of Business  
 21 Suite, Apt #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified 10/12/1992  
 3a. Date of Last Report 01/23/1996  
 4. FEI Number 65-0371744 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, 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  
 B1 Name HELMI GILMAN  
 B2 Street Address (P.O. Box Number is Not Acceptable) 3602 SW 3RD AVE  
 B3  
 B4 City CAPE CORAL, FL B5 Zip Code 33914

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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 617.0503, Florida Statutes.

SIGNATURE Helmi Gilman  
 Signature of the principal officer or registered agent, if applicable

(NOTE: Registered Agent signature required when re-registering)  
 DATE 4-8-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BAJUSZ, SOL M	
STREET ADDRESS	3141 SE 8TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FAITSCH, WERNER	
STREET ADDRESS	1356 MAYFAIR TER	
CITY-ST-ZIP	FT MYERS FL 33991	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GILMAN, HELMI	
STREET ADDRESS	3602 SW 3 AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENNEKING, GERTRUD	
STREET ADDRESS	5953 SW 1ST COURT	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINTER, LOTTE	
STREET ADDRESS	1133 SE 32 TER	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERBERT MENNEKING	
1.3 STREET ADDRESS	5953 SW 1ST COURT	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIKE KELLER	
2.3 STREET ADDRESS	1124 SE 34TH ST.	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HELMGI GILMAN	
3.3 STREET ADDRESS	3602 SW 3RD AVE	
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KERAL VOGL	
4.3 STREET ADDRESS	1415 SW 54TH TR.	
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LOTTE WINTER	
5.3 STREET ADDRESS	1133 SE 32ND TR.	
5.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GERDA BAAS	
6.3 STREET ADDRESS	1727 SE 41ST ST.	
6.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

CR2E037 (9/96)