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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 1224 SW 53 TERRACE CAPE CORAL, FL 33914 U.S.
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3. Date Incorporated or Qualified 10/12/1982	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0371744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 3616 COUNTRY CLUB BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State CAPE CORAL, FL
23	28
Zip	Zip 33904
Country	Country US
24	25
29	30

9. Name and Address of Current Registered Agent

**GILMAN, HELMI
3802 SW 3 AVE
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

81 Name JOAN BARTLETT
82 Street Address (P.O. Box Number is Not Acceptable) 1224 SW 53 TERRACE
83
84 City CAPE CORAL
85 Zip Code FL 33914

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Joan Bartlett, Treasurer **JAN 11 1998** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENNEKING, HERBERT	1.2 NAME	
STREET ADDRESS	5953 SW 1 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, MIKE	2.2 NAME	
STREET ADDRESS	1124 SE 34 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMAN, HELMI	3.2 NAME	JOAN BARTLETT
STREET ADDRESS	3802 SW 3 AVE	3.3 STREET ADDRESS	1224 SW 53 TERR
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGT, KERAL	4.2 NAME	VOGT, KERAL
STREET ADDRESS	1415 SW 54 TR	4.3 STREET ADDRESS	4837 SW 23 AV
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, LOTTE	5.2 NAME	
STREET ADDRESS	1133 SE 32 TER	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAAS, GERDA	6.2 NAME	
STREET ADDRESS	1727 SE 41 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: Joan Bartlett (KERAL VOGT) **JAN 11 1998** (941) 549-5902

CR2E037 (10/97)