

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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 <b>2101 SW PINE ISLAND RD P O BOX 1139 CAPE CORAL FL 33910 US</b>	Mailing Address <b>1224 SW 53 TERRACE CAPE CORAL, FL 33914 U.S.</b>
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3. Date Incorporated or Qualified <b>10/12/1982</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0371744</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
<b>3616 COUNTRY CLUB BLVD</b>	<b>CAPE CORAL, FL 33904 US</b>

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

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MENNEKING, HERBERT</b>	
STREET ADDRESS	<b>5953 SW 1 CT</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLER, MIKE</b>	
STREET ADDRESS	<b>1124 SE 34 ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GILMAN, HELMI</b>	
STREET ADDRESS	<b>3802 SW 3 AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VOGT, KERAL</b>	
STREET ADDRESS	<b>1415 SW 54 TR</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WINTER, LOTTE</b>	
STREET ADDRESS	<b>1133 SE 32 TER</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAAS, GERDA</b>	
STREET ADDRESS	<b>1727 SE 41 ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JOAN BARTLETT</b>
3.3 STREET ADDRESS	<b>1224 SW 53 TERR</b>
3.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VOGT, KERAL</b>
4.3 STREET ADDRESS	<b>4837 SW 23 AV</b>
4.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)