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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N51321

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 S.W. 53 TERR
 CAPE CORAL FL-33904
 US **33914**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/12/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0371744	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARTLETT, JOAN 1224 S.W. 53 TERR CAPE CORAL FL 33914				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENNEKING, HERBERT			1.2 NAME	VOGT, KERAL		
STREET ADDRESS	5953 SW 1 CT			1.3 STREET ADDRESS	4837 S.W. 23rd AVENUE		
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY-ST-ZIP	CAPE CORAL, FLORIDA 33914		
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 type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTLETT, JOAN			3.2 NAME			
STREET ADDRESS	1224 S.W. 53 TERR			3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33914			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOGT, KERAL			4.2 NAME			
STREET ADDRESS	4837 S.W. 23 AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33914			4.4 CITY-ST-ZIP			
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, with all other like empowered.

SIGNATURE: Joan Bartlett **JOAN BARTLETT** 1/6/99 941-549-4982
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)