

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 711204 (8)

1. Corporation Name

GERMAN-AMERICAN SOCIAL CLUB OF CAPE CORAL, FLORIDA, INC.

Principal Place of Business

P O BOX 1139
CAPE CORAL FL 33910

Mailing Address

P O BOX 1139
CAPE CORAL FL 33910



3. Date Incorporated or Qualified
07/15/1966

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
23-7081446

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIS, STEPHEN D.
4020 DEL PRADO
SUITE A-1
CAPE CORAL FL 33904**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BAJUSZ, HAROLD**
STREET ADDRESS **3141 S.E. 8TH AVE.**
CITY-ST-ZIP **CAPE CORAL FL**

1.1 TITLE **Treasurer** ☐ Change ☐ Addition
1.2 NAME **SD0001745979**
1.3 STREET ADDRESS **-03/16/96--01001--001**
1.4 CITY-ST-ZIP *****70.00**

TITLE **VP** ☐ DELETE
NAME **TAMEL, WILLIAM**
STREET ADDRESS **1306 S.E. 26TH ST**
CITY-ST-ZIP **CAPE CORAL FL 33904**

2.1 TITLE **President** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HARDEN, CLIFFORD**
STREET ADDRESS **3517 S.E. 4TH PL**
CITY-ST-ZIP **CAPE CORAL FL 33904**

3.1 TITLE **1st. V-President** ☐ Change ☒ Addition
3.2 NAME **Hermann Voss**
3.3 STREET ADDRESS **1208 S.W. 53rd. Street**
3.4 CITY-ST-ZIP **Cape Coral, Fl. 33914**

TITLE **D** ☒ DELETE
NAME **BARTLETT, JOHN**
STREET ADDRESS **1224 S.W. 53RD TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Lotte Winter**
4.3 STREET ADDRESS **1133 S.E. 32nd. Terrace**
4.4 CITY-ST-ZIP **Cape Coral, Fl. 33904**

TITLE **T** ☒ DELETE
NAME **EDGAR, MARY**
STREET ADDRESS **166 SE 5TH STREET**
CITY-ST-ZIP **CAPE CORAL, FL 00000**

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **James Zuchoski**
5.3 STREET ADDRESS **453 Santiguay Street**
5.4 CITY-ST-ZIP **Punta Gorda, Fl. 33983**

TITLE **S** ☒ DELETE
NAME **KNEOLER, BESSIE**
STREET ADDRESS **1714 S.E. 11TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33900**

6.1 TITLE **Secretary** ☐ Change ☒ Addition
6.2 NAME **Joan McGinnis**
6.3 STREET ADDRESS **456 Guyana Street**
6.4 CITY-ST-ZIP **Punta Gorda, Fl. 33983-5760**

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96

Date

941 283-1400

Daytime Phone #

CR2E037 (12/95)