

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709804

**Entity Name:** GERMAN-AMERICAN SOCIAL CLUB OF GREATER MIAMI, INC.**Current Principal Place of Business:**11919 S.W. 56TH ST.  
MIAMI, FL 33175**Current Mailing Address:**11919 S.W. 56TH ST.  
MIAMI, FL 33175**FEI Number:** 59-6135472**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, DAVID N  
11919 S.W. 56TH ST.  
MIAMI, FL 33175 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** DAVID N JONES

06/02/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name WILLIAMS, JAN T  
Address 11919 S.W. 56TH ST.  
City-State-Zip: MIAMI FL 33175

Title 1VPD  
Name JONES, D. NEIL  
Address 11919 S.W. 56TH ST.  
City-State-Zip: MIAMI FL 33175

Title TREA  
Name MORARIN, MARIA  
Address 11420 S.W. 83 TERRACE  
City-State-Zip: MIAMI FL 33173

Title D  
Name WEICHSELBAUMER, HUBERT  
Address 11919 SW 56TH ST  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name SCHLAERTH, CHRISTIAN A  
Address 11919 S.W. 56TH ST.  
City-State-Zip: MIAMI FL 33175

Title DIRECTOR  
Name URBAN, MARINA  
Address 11919 S.W. 56TH ST.  
City-State-Zip: MIAMI FL 33175

Title 2VPD  
Name PALMA, EMILIO  
Address 11919 S.W. 56TH ST.  
City-State-Zip: MIAMI FL 33175

Title DIRECTOR  
Name BIEDERMANN, FRANK  
Address 11919 S.W. 56TH ST.  
City-State-Zip: MIAMI FL 33175

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** D. NEIL JONES

VP

06/02/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	TYRALLA, TORSTEN
Address	11919 S.W. 56TH ST.
City-State-Zip:	MIAMI FL 33175