## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 712555** 

Entity Name: AMERICAN-GERMAN CLUB, INC.

**Current Principal Place of Business:** 

5111 LANTANA ROAD LAKE WORTH, FL 33463

**Current Mailing Address:** 

5111 LANTANA ROAD LAKE WORTH, FL 33463

FEI Number: 59-1872564 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FREITER, KURT 12710 HEADWATER CIRCLE WELLINGTON, FL 33414 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:

Electronic Signature of Registered Agent

Date

**FILED** Mar 04, 2014

**Secretary of State** 

CC4361598760

Officer/Director Detail :

Title Title S

FREITER, KURT Name Name JOHNSON, NANCY

872 SW 9TH ST CIRCLE #101 Address 12710 HEADWATER CIRCLE Address City-State-Zip: BOCA RATON FL 33486 WELLINGTON FL 33414 City-State-Zip:

Title V Title Т

Name WACKER, BRENT SANZO, SALLY A Name 203 PINE HOV CIRCLE Address 9392 PINTO DR. Address

APT, B-1

LAKE WORTH FL 33467 City-State-Zip: GREENACRES FL 33463 City-State-Zip:

Title DIRECTOR Title D

Name SCHUH, CHRISTIAN Name JOHNSON, ANNETTE

Address 7237 VIA LURIA Address 4095 MANOR FOREST TRAIL

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR

**DIRECTOR** Title Name STEIN, GEORGE Name CORREGGIA, EURO 9239 ARTIST PLACE Address

Address 10719 PASO FINO FRIVE City-State-Zip: LAKE WORTH FL 33467

City-State-Zip: LAKE WORTH FL 33467

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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.

03/04/2014 SIGNATURE: SALLY SANZO TRESURER

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameMCDANIEL-HUTCHINSON, JENNIFERNameBRAHS, NORMANAddress2718 IDA WAYAddress6655 OHARA AVE

City-State-Zip: WEST PALM BEACH FL 33415 City-State-Zip: BOYNTON BEACH FL 33437