

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001882

Entity Name: GERMAN-AMERICAN SOCIAL CLUB OF SARASOTA, INC.**Current Principal Place of Business:**4918 PRIMROSE PATH
SARASOTA, FL 34242**Current Mailing Address:**4918 PRIMROSE PATH
SARASOTA, FL 34242 US**FEI Number: 59-1002345****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WANLESS, LOREN EMERY
4918 PRIMROSE PATH
SARASOTA, FL 34242 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: LOREN WANLESS****01/05/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HERKE, ROSEMARIE J
Address 1 BEN FRANKLIN DR APT 122
City-State-Zip: SARASOTA FL 34236

Title VP
Name WANLESS, LOREN E
Address 4918 PRIMROSE PATH
City-State-Zip: SARASOTA FL 34242

Title TREASURER
Name CARLON, JACK
Address 5608 NEW COVINGTON DR.
City-State-Zip: SARASOTA FL 34233

Title SECRETARY
Name NN
Address NA
City-State-Zip: NA FL

Title MEMBERSHIP SECRETARY
Name WETJEN, BRIGITTE
Address 5362 CASTLEMAN DR.
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name SCOTT, TROY
Address 841 FORESTVIEW CT.
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name DEUTSCH, ERWIN
Address 6803 COYOTE RIDGE CT.
City-State-Zip: UNIVERSITY PARK FL 34201

Title DIRECTOR
Name SAUTER, HELMUT
Address 2891 HARDEE DR.
City-State-Zip: SARASOTA FL 34231

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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.

SIGNATURE: LOREN WANLESS**VICE PRESIDENT****01/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HELMKE, HORST
Address	316 RUBENS DR.
City-State-Zip:	NOKOMIS FL 34275