

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001882

**Entity Name:** GERMAN-AMERICAN SOCIAL CLUB OF SARASOTA, INC.**Current Principal Place of Business:**9651 KNIGHTSBRIDGE CIR  
SARASOTA, FL 34238**Current Mailing Address:**9651 KNIGHTSBRIDGE CIR  
SARASOTA, FL 34238**FEI Number: 59-1002345****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SHILLUS, ERNST  
10061 GLENMORE AVE  
BRADENTON, FL 34202 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name           SCHNEIDER, DIETER H  
Address        9651 KNIGHTSBRIDGE CIR  
City-State-Zip: SARASOTA FL 34238

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

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

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

Title            VP  
Name           HERKE, ROSIE  
Address        ONE BEN FRANKLIN DR.  
                  # 122  
City-State-Zip: SARASOTA FL 34236

Title            SECRETARY  
Name           HEICHELE, RAINER  
Address        4709 CLAREMONT PARK DR.  
City-State-Zip: BRADENTON FL 34211

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

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: DIETERT H. SCHNEIDER****PRESIDENT****01/06/2015**

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