

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003969

**Entity Name:** GERMAN AMERICAN ALLIANCE OF FLORIDA, INC.

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC0505391533**

**Current Principal Place of Business:**

100 N BISCAYNE BLVD  
2100  
MIAMI, FL 33132

**Current Mailing Address:**

100 N BISCAYNE BLVD, STE 2100  
MIAMI, FL 33132

**FEI Number:** 20-1768889

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MALFELD, GARY  
10689 NORTH KENDALL DRIVE  
SUITE 306  
MIAMI, FL 33176 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	PD
Name	BAUR, THOMAS
Address	100 N BISCAYNE BLVD 2100
City-State-Zip:	MIAMI FL 33132
Title	TD
Name	MALFELD, GARY
Address	10689 NORTH KENDALL DRIVE SUITE 306
City-State-Zip:	MIAMI FL 33176
Title	SD
Name	WILLUMSEN, MARIA
Address	10345 S.W. 128 CT.
City-State-Zip:	MIAMI FL 33186
Title	D
Name	DUESTER, JACQUELINE
Address	15350 S.W. 83 COURT
City-State-Zip:	PALMETTO BAY FL 33157

Title	VP, D
Name	CLAUS, MICHAEL
Address	C/O HELLMAN NETWORK, INC. 10450 DORAL BOULEVARD 200
City-State-Zip:	DORAL FL 33178
Title	D
Name	BIEDERMANN, FRANK
Address	15485 SW 147 STREET
City-State-Zip:	MIAMI FL 33196
Title	D
Name	ANDING, VOLKER
Address	600 BILTMORE WAY # 1114
City-State-Zip:	CORAL GABLES FL 33134

*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:** GARY D. MALFELD

**TREASURER**

**03/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date