FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705091 (7)

1. Corporation Name
GERMAN-AMERICAN SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
391 ORANGE LANE CASSELBERRY FL 32707	391 ORANGE LANE CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1963
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1024566 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DENYS, INGE
652 WHEELING AVE.
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VP - DIRECTOR	☒ Change ☐ Addition
NAME	KERSCH, CHARLES	1.2 NAME	CASSAR, HARRY	
STREET ADDRESS	2765 ABBEY RD.	1.3 STREET ADDRESS	619 S. OXALIS AVE	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	TD	2.1 TITLE		☒ Change ☐ Addition
NAME	WEBER, BERHARD H	2.2 NAME		
STREET ADDRESS	1168 CAMBRIDGE ST in Control	2.3 STREET ADDRESS	1168 CAM BRIDGE ST	
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☒ Change ☐ Addition
NAME	DENYS, INGE	3.2 NAME		
STREET ADDRESS	2765 ABBEY RD — Wrong St. addr.	3.3 STREET ADDRESS	652 WHEELING AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	GALAMBOS, FRANK	4.2 NAME	BOING, FRANK	
STREET ADDRESS	5819 DANIELE CT.	4.3 STREET ADDRESS	2912 GOLDEN ROCK DR.	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	SIERS, AUDREY	5.2 NAME		
STREET ADDRESS	5310 GREEN VELVET CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	PERDREAUX, JOAN	6.2 NAME		
STREET ADDRESS	825 MILL RACE PT	6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BBWeber - BERNARD H. WEBER 4/18/95 904-789-1654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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