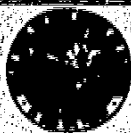


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
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

381 ORANGE LANE
CASSELDERRY FL 32707

381 ORANGE LANE
CASSELDERRY 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENYS, INGE
652 WHEELING AVE.
ALTAMONTE SPRINGS FL 32714

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	KERSCH, CHARLES
STREET ADDRESS	2785 ABBEY RD.
CITY-ST-ZIP	WINTER PARK FL
TITLE	TD
NAME	WEBER, BERNARD H
STREET ADDRESS	160 CAMBRIDGE ST in comm
CITY-ST-ZIP	DELTONA FL
TITLE	P
NAME	DENYS, INGE
STREET ADDRESS	6765 ABBEY RD - Wymg St. add.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	D
NAME	GALAMBOS, FRANK
STREET ADDRESS	5819 DANFEL CT.
CITY-ST-ZIP	WINTER PARK FL
TITLE	SD
NAME	SIERS, AUDREY
STREET ADDRESS	5310 GREEN VELVET CT.
CITY-ST-ZIP	ORLANDO FL
TITLE	VD
NAME	PERDREAUX, JOAN
STREET ADDRESS	825 MILL RACE PT
CITY-ST-ZIP	LONGWOOD FL

1.1 TITLE	VP - DIRECTOR	☒ Change ☐ Addition
1.2 NAME	CASSAR, HARRY	
1.3 STREET ADDRESS	619 S. OXLAKE AVE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32807	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1168 OAM BRIDGE ST	
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	652 WHEELING AVE	
3.4 CITY-ST-ZIP		
4.1 TITLE	VP - DIRECTOR	☒ Change ☐ Addition
4.2 NAME	BOING, FRANK	
4.3 STREET ADDRESS	2912 GILDER ROCK DR.	
4.4 CITY-ST-ZIP	ORLANDO, FL 32818	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(k), 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:

Bernard H. Weber

4/13/95

904-789-1654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.