

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Feb 27, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 705091 (7)**  
1. Corporation Name  
**GERMAN-AMERICAN SOCIETY OF CENTRAL FLORIDA, INC.**



Principal Place of Business Mailing Address  
**381 ORANGE LANE** **381 ORANGE LANE**  
**CASSELBERRY FL 32707** **CASSELBERRY FL 32707**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/23/1963</b>		3a. Date of Last Report <b>04/19/1995</b>	
21		26		4. FEI Number <b>59-1024566</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
24		25		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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signatures are required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	CASSAR, HARRY	1.2 NAME	<b>Robert Metcalf</b>
STREET ADDRESS	619 S. OXAU AVE	1.3 STREET ADDRESS	<b>4432 Trescott Dr.</b>
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	<b>Orlando, FL 32817</b>
TITLE	TD	2.1 TITLE	
NAME	WEBER, BERNARD H	2.2 NAME	
STREET ADDRESS	1168 CAMBRIDGE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	DENYS, INGE	3.2 NAME	
STREET ADDRESS	652 WHEELING AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BOING, FRANK	4.2 NAME	
STREET ADDRESS	2912 GOLDEN ROCK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
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	
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)(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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/14/96** **904-789-1654**

CR2E037 (12/95)