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Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705091 (7)

1. Corporation Name

GERMAN-AMERICAN SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

381 ORANGE LANE
CASSELBERRY FL 32707381 ORANGE LANE
CASSELBERRY FL 32707-32463. Date Incorporated or Qualified
01/23/19633a. Date of Last Report
02/27/1996

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

25

29

30

4. FEI Number
59-1024566Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☒ DELETE
NAME CASSAR, HARRY
STREET ADDRESS 619 S. OXAS AVE
CITY-ST-ZIP ORLANDO FL1.1 TITLE TD ☒ Change ☐ Addition
1.2 NAME MERCER, ROBERT
1.3 STREET ADDRESS 4432 TRESCOTT DR.
1.4 CITY-ST-ZIP ORLANDO, FL 32817TITLE TD ☒ DELETE
NAME WEBER, BERNARD H
STREET ADDRESS 1168 CAMBRIDGE ST.
CITY-ST-ZIP DELTONA FL2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME THOMAS, HARRY
2.3 STREET ADDRESS 1906 CENTER DR.
2.4 CITY-ST-ZIP CASSELBERRY, FL 32707TITLE P ☐ DELETE
NAME DENYS, INGE
STREET ADDRESS 652 WHEELING AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME STALLARD, JAMES
3.3 STREET ADDRESS 8605 PORT SAID ST.
3.4 CITY-ST-ZIP ORLANDO, FL 32817TITLE D ☒ DELETE
NAME MATCER, ROBERT
STREET ADDRESS 4432 PRESCOTT DR
CITY-ST-ZIP ORLANDO FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME SIERS, AUDREY
STREET ADDRESS 5310 GREEN VELVET CT.
CITY-ST-ZIP ORLANDO FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME PERDREAUX, JOAN
STREET ADDRESS 825 MILL RACE PT
CITY-ST-ZIP LONGWOOD FL6.1 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 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: ROBERT W. MERCER *Robert W. Mercer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 407-679-5050

Date

Daytime Phone # 0012835

CR2E037 (9/96)