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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90008 048 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705091

1. Corporation Name

GERMAN-AMERICAN SOCIETY OF CENTRAL FLORIDA, INC.



Principal Place of Business

**381 ORANGE LANE
CASSELBERRY FL 32707**

Mailing Address

**381 ORANGE LANE
CASSELBERRY FL 32707**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/23/1963

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number
59-1024566

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. Zip Country

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. Zip Country

29. Zip Country

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.

VD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
NAME **MERCER, ROBERT**
STREET ADDRESS **4432 TRESCOTT DR**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

BREDTHAUER, REIMAR ☐ Change ☒ Addition
826 N. THORNTON AVE., #4
ORLANDO, FL 32803

TITLE **VD** ☒ DELETE
NAME **THOMAS, HARRY**
STREET ADDRESS **1906 CENTER DR**
CITY-ST-ZIP **CASSELBERRY FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P** ☐ DELETE
NAME **DENYS, INGE**
STREET ADDRESS **652 WHEELING AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **STALLARD, JAMES**
STREET ADDRESS **8605 PORT SAID ST**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **SIERS, AUDREY**
STREET ADDRESS **5310 GREEN VELVET CT.**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **PERDREAUX, JOAN**
STREET ADDRESS **825 MILL RACE PT**
CITY-ST-ZIP **LONGWOOD FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: **ROBERT W. MERCER** *Robert W. Mercer* 1/9/99 407-679-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)