

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 705091

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



Principal Place of Business
GERMAN AMERICAN SOCIETY
381 ORANGE LANE
CASSELBERRY, FL 32707

Mailing Address
GERMAN AMERICAN SOCIETY
381 ORANGE LANE
CASSELBERRY, FL 32707

DO NOT WRITE IN THIS SPACE



03092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1024566

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, CHRISTE
607 ELOISE AVE
TITUSVILLE, FL 32796

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

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

000000095573
03/24/04-80039-006 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WRIGHT, CHRISTIE 607 ELOISE AVE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BREDTHAUER, REIMER 942 E PALM VALLEY DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DENYS, INGE 652 WHEELING AVE ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STALLARD, JAMES 8605 PORT SAID ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIERS, AUDREY 5310 GREEN VELVET CT. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PERDREAUX, JOAN 825 MILL RACE PT LONGWOOD, FL

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christie Wright 3.18.04 321-267-4504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #