

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90015 019 \*\*\*\*61.25

**DOCUMENT # 705091**

1. Entity Name

GERMAN-AMERICAN SOCIETY OF CENTRAL FLORIDA,  
INC.



Principal Place of Business

Mailing Address

GERMAN AMERICAN SOCIETY  
381 ORANGE LANE  
CASSELBERRY FL 32707

GERMAN AMERICAN SOCIETY  
381 ORANGE LANE  
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

WRIGHT, CHRISTIE  
607 ELOISE AVE  
TITUSVILLE FL 32796

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Christie M Wright*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME WRIGHT, CHRISTIE  
STREET ADDRESS 607 ELOISE AVE  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS BREDTHAUER, REIMER  
942 E PALM VALLEY DRIVE  
CITY-ST-ZIP OVIEDO FL 32765

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 M Wright* Treasurer

2-8-06