FILED
Mar 03, 2003 8:00 am
Secretary of State
02-10-2003 90438 015 ****61.25

55013179

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705091

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

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
German American Society	German American Society
Suite, Apt. #, etc.: 381 Orange Lane	Suite, Apt. #, etc.: 381 Orange Lane
City & State: Casselberry	City & State: Casselberry
Zip: Fla 32707 Country:	Zip: Fla 32707 Country:

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

7. Name and Address of New Registered Agent

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: Christa M Wright 1-9-03
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WRIGHT, CHRISTIE 607 ELOISE AVE TITUSVILLE FL 32796	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BREDTHAUER, REIMER 942 E PALM VALLEY DRIVE OVIEDO FL 32765	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DENYS, INGE 652 WHEELING AVE ALTAMONTE SPRINGS FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STALLARD, JAMES 8605 PORT SAID ST ORLANDO FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIERS, AUDREY 5310 GREEN VELVET CT. ORLANDO FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PERDREAUX, JOAN 825 MILL RACE PT LONGWOOD FL	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-24-03 Daytime Phone #: 407-834-0574

Christa M Wright