FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 6:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **708225** **(8)**

1. Corporation Name

GERMAN-AMERICAN SOCIETY OF GREATER HOLLYWOOD, FL A. INC.

Principal Place of Business	Mailing Address
6401 WASHINGTON STREET HOLLYWOOD FL 33023	6401 WASHINGTON STREET HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/11/1964**
3a. Date of Last Report: **03/09/1994**
4. FEI Number: **59-1119108** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WINKLER, NANCY
1710 N 55TH AVE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	WINKLER, NANCY	1.2 NAME		
STREET ADDRESS	1710 N 55TH AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	DOERR, EWALD	2.2 NAME		
STREET ADDRESS	7653 CAMELLIA DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HEINZ, FRIEDRICH	3.2 NAME		
STREET ADDRESS	9000 SW 51ST PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	SCHECHMANN, RALPH	4.2 NAME	SCHUCHMANN, RALPH	
STREET ADDRESS	603 SW 176 AVE	4.3 STREET ADDRESS	601 SW 176 AVE	
CITY-ST-ZIP	PEMBROOKE PINES FL	4.4 CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nancy Winkler NANCY WINKLER 4/22/95 (305) 983-5465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #