

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90024 035 ****61.25

DOCUMENT # 708225

1. Entity Name

GERMAN-AMERICAN SOCIETY OF GREATER HOLLYWOOD,
FLA. INC.



Principal Place of Business

6401 WASHINGTON STREET
HOLLYWOOD FL 33020

Mailing Address

P.O. BOX 4084
HOLLYWOOD FL 33083



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1119108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

CAVALLARO, JAMES
4805 GARFIELD STREET
HOLLYWOOD FL 33021

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	1VPD	<input checked="" type="checkbox"/> Delete
NAME	STEINBECK, RANDY W	
STREET ADDRESS	2642 SUGARLOAF LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAVALLARO, JAMES	
STREET ADDRESS	4805 GARFIELD STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	MS	<input type="checkbox"/> Delete
NAME	APPEL, LUCIE	
STREET ADDRESS	1450 SHERIDAN ST. E. 11	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STEINBECK, LYNNE	
STREET ADDRESS	2642 SUGARLOAF LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	ZALEWSKI, ELIZABETH	
STREET ADDRESS	20250-07 NE THIRD CT.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUGDAT, WILLI	
STREET ADDRESS	1673 N. BAY ROAD	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEDEKE, FRIEDRICH W.	
STREET ADDRESS	6801 SW 103 COURT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33023	
TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACHENBURG, LIABY	
STREET ADDRESS	1300 ST. CHARLES PLACE - APT. 709	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Friedrich W. Goedeke FRIEDRICH W. GOEDEKE H-4-05 9549842861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #