


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90160 023 ****70.00

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1119108	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	1VPD GUDAT, WILLI 1873 N BAY RD NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP	CAVALLARO, JAMES 4805 GARFIELD ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVALLARO, JAMES 4805 GARFIELD STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP	RANDY STEINBECK, RANDY 2642 SUGARLOAF LANE FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS APPEL, LUCIE 1450 SHERIDAN ST. E. 11 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP	GUDAT, WILLI 18730 N BAY RD SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOEDEKE, FRIEDRICH W 6801 SW 10TH CT PEMBROKE PINES, FL 33023	<input checked="" type="checkbox"/> Delete		TITLE Sec NAME STREET ADDRESS CITY-ST-ZIP	HACHENBURG, LIBBY 1300 ST CHARLES PLACE APT 709 PEMBROKE PINES, FLA 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS HACHENBURG, LIBBY 1300 ST CARRIES PLACE APT 709 PEMBROKE, FL 33026	<input type="checkbox"/> Delete		TITLE MEMB Soc NAME STREET ADDRESS CITY-ST-ZIP	APPEL, LUCIE 1450 SHERIDAN ST E 11 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE Treas NAME STREET ADDRESS CITY-ST-ZIP	COLLINSON, URSULA 1134 JOHNSON ST HOLLYWOOD, FL 33019
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>James V. Cavallaro</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES V. CAVALLARO JR.				03-09-2006 9549613233 Date Daytime Phone #	

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