

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90031 025 ****61.25

DOCUMENT # 717295

1. Corporation Name

GERMAN AMERICAN SOCIETY OF DAYTONA BEACH, INC.

Principal Place of Business

915 BROOKSIDE DR.
% ELFRIEDE FRANO
ORMOND BCH. FL 32174-3984

Mailing Address

915 BROOKSIDE DR.
% ELFRIEDE FRANO
ORMOND BCH. FL 32174-3984



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/06/1969

4. FEI Number

59-1274044

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

9. Name and Address of Current Registered Agent

SCHWARDT, RICHARD
826 A1A BEACH BLVD
STE #38
ST AUGUSTINE FL 32084-4706

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

T
NAME SCHWARDT, RICHARD
STREET ADDRESS 826 A1A BEACH BLVD #38
CITY-ST-ZIP ST AUGUSTINE FL

S ☐ DELETE

NAME FRANO, ELFRIEDE
STREET ADDRESS 915 BROOKSIDE DR.
CITY-ST-ZIP ORMOND BEACH FL

P ☐ DELETE

NAME BINDER, JOSEPH
STREET ADDRESS 3 RIVER ROCK TRAIL
CITY-ST-ZIP ORMOND BCH FL

D ☐ DELETE

NAME SCHWARDT, CLAUDETTE
STREET ADDRESS 826 A1A BEACH BLVD #38
CITY-ST-ZIP ST AUGUSTINE FL

V ☐ DELETE

NAME MUELLER, WERNER
STREET ADDRESS 145 EL PINO DR
CITY-ST-ZIP NEW SMYRNA BCH FL

D ☐ DELETE

NAME EGGERTS, FRITZ
STREET ADDRESS 242 COSTA RICA
CITY-ST-ZIP EDGEWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME CLAUDETTE M. SCHWARDT

1.3 STREET ADDRESS 826 A1A Beach Blvd #38

1.4 CITY-ST-ZIP St. Augustine - FL. 32084

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)