2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 717295

Entity Name: GERMAN AMERICAN SOCIETY OF DAYTONA BEACH, INC.

Current Principal Place of Business:

1465 RIDGEWOOD AVE (SICA HALL)
HOLLY HILL, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

960 SMOKERISE BLVD
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-1274044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARKOVICS, MIKE
19 RIDGE TERRACE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	KENNY, ELVIRA	
Address:	960 SMOKERISE BLVD	
City-St-Zip:	PORT ORANGE, FL 32127 US	
Title:	S	( ) Delete
Name:	NYBORG, GERDA	
Address:	107 RIVER BLUFF	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	P	( ) Delete
Name:	MARKOVICS, MIKE	
Address:	19 RIDGE TERRACE	
City-St-Zip:	ORMOND BCH, FL 32174 US	
Title:	V	( ) Delete
Name:	SCHOENBAUER, RAYMOND	
Address:	1352 COCONUT CIRCLE	
City-St-Zip:	PORT ORANGE, FL 32128 US	
Title:	D	( ) Delete
Name:	VIRTS, EANA	
Address:	114 PIERSIDE DRIVE.	
City-St-Zip:	ORMOND BY THE SEA, FL 32176 US	
Title:	D	( ) Delete
Name:	BOETTCHER, MARLITT	
Address:	28 MARJORIE TERRACE	
City-St-Zip:	ORMOND BEACH, FL 32174 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELVIRA KENNY T 04/17/2009

Electronic Signature of Signing Officer or Director — Date