


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 720018 (1) 1. Corporation Name DEUTSCHER CLUB HARMONIE, INC.					
Principal Place of Business DAVIS LANE DEFUNIAK SPRINGS FL FL 32433			Mailing Address 69 ROYAL DRIVE DEFUNIAK SPRINGS FL FL 32433-8589 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 P.O. Box 1778 27 Suite, Apt. #, etc. 28 DEFUNIAK SPRINGS, FL 29 Zip Country 30 32435-1778 WALTON		3. Date Incorporated or Qualified 01/08/1971	
				3a. Date of Last Report 05/30/1996	
				4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BREEDLOVE, WAYNE A. 69 ROYAL DRIVE DEFUNIAK SPRINGS FL 32433			10. Name and Address of New Registered Agent 81 Name MARGARET PREUSS YOHAN 82 Street Address (P.O. Box Number is Not Acceptable) 370 JUNIPER LAKE RD 83 84 City DEFUNIAK SPRINGS FL 85 Zip Code 32433		
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 MARGARET PREUSS YOHAN, TREASURER <i>Margaret Preuss Yohan</i> 3/4/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURMEISTER, HORST		1.2 NAME		
STREET ADDRESS	RT. 7, BOX 706		1.3 STREET ADDRESS		
CITY - ST - ZIP	DEFUNIAK SPGS. FL 32433		1.4 CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DITTUS, KLAUS		2.2 NAME		
STREET ADDRESS	RR. 3 BOX 208 F		2.3 STREET ADDRESS		
CITY - ST - ZIP	BONIFAY FL		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CIBIRAS, JOHN		3.2 NAME		
STREET ADDRESS	RT. 8 BOX 315		3.3 STREET ADDRESS		
CITY - ST - ZIP	DEFUNIAK SPGS. FL		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNN, WILLIAM B.		4.2 NAME		
STREET ADDRESS	RT. 1, BOX N-939		4.3 STREET ADDRESS		
CITY - ST - ZIP	DEFUNIAK SPGS. FL		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAY, JIMMY		5.2 NAME		
STREET ADDRESS	ROUTE 5, BOX 120-R		5.3 STREET ADDRESS		
CITY - ST - ZIP	DEFUNIAK SPGS. FL		5.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOTTROFF, ALBIN		6.2 NAME		
STREET ADDRESS	RT. 1, BOX N-1004		6.3 STREET ADDRESS		
CITY - ST - ZIP	DEFUNIAK SPGS. FL		6.4 CITY - ST - ZIP		
14. I do 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.					
SIGNATURE: MARGARET PREUSS YOHAN, TREASURER <i>Margaret Preuss Yohan</i> 3/4/97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 904/10012</small>					

CR2E037 (9/96)