02101999-90035-038-$61.25-$61.25

FILE NOW: FILING FEE IS $61.25

FILED
Feb 10, 1999 8:00 am
Secretary of State
02-10-1999 90035 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 720018

1. Corporation Name
DEUTSCHER CLUB HARMONIE, INC.

Principal Place of Business	Mailing Address
DAVIS LANE DEFUNIAK SPRINGS FL FL 32433	PO BOX 1778 DEFUNIAK SPRINGS FL FL 32433 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/08/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MARGARET PREUSS YOHN
370 JUNIPER LAKE RD
DEFUNIAK SPRINGS FL 32433

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: Margaret Preuss John Treasurer DATE 1/18/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ 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	☐ DELETE	3.1 TITLE	☐ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ 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	☐ DELETE	5.1 TITLE	☐ Change ☐ 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		☐ DELETE	6.1 TITLE T	☐ Change ☒ Addition
NAME			6.2 NAME Margaret Preuss Yohn	
STREET ADDRESS			6.3 STREET ADDRESS 370 Juniper Lake Rd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP DeFuniak Springs, FL 32433	

CR2E037 (11/98)

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: MARGARET PREUSS YOHN SIGNATURE REQUIRED Margaret Preuss Yohn (850) 892-4297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER 1/18/99