

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 10:55

DOCUMENT # 724575 (6)

1. Corporation Name
HANSA CLUB, INC. GERMAN-AMERICAN SOCIETY OF PENS
ACOLA, FLORIDA

Principal Place of Business Mailing Address
208 DOLPHIN STREET 208 DOLPHIN STREET
GULF BREEZE FL 32561 GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1972	3a. Date of Last Report 03/22/1994
4. FEI Number 23-7358269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, AGNES
2705 EAST BRAINERD STREET
PENSACOLA FL 32503

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE	PD
NAME	KRAUSE, ARTHUR W
STREET ADDRESS	208 DOLPHIN STR.
CITY-ST-ZIP	GULF BREEZE FL
TITLE	SD
NAME	JABLONSKI, RENATE M. --
STREET ADDRESS	508 DACATUR AVENUE --
CITY-ST-ZIP	PENSACOLA FL -----
TITLE	VD
NAME	KRAUSE, RUTH -----
STREET ADDRESS	208 DOLPHIN STR. -----
CITY-ST-ZIP	GULF BREEZE FL -----
TITLE	VD
NAME	TIMPE, URSULA
STREET ADDRESS	4151 STRINGFIELD DRIVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	XXXX <input type="checkbox"/> Addition
2.2 NAME	SD MURPHY, MARIANNE
2.3 STREET ADDRESS	3001 OAKPOINT RD
2.4 CITY-ST-ZIP	PENSACOLA, FL 32505
3.1 TITLE	XXXX <input type="checkbox"/> Addition
3.2 NAME	VD EDMONDS, HELGA
3.3 STREET ADDRESS	4300 SAN FRANCISCO RD
3.4 CITY-ST-ZIP	PENSACOLA FL 32504
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ursula H. Timpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-95 (904) 433-5332
Date Daytime Phone #