

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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
GULF BREEZE FL 32561** **208 DOLPHIN STREET
GULF BREEZE FL 32561**

3. Date Incorporated or Qualified **10/18/1972** 3a. Date of Last Report **03/13/1995**

21	2. Principal Place of Business 4151 Stringfield Road	2a. Mailing Address 4151 Stringfield Road	4. FEI Number 23-7358269	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State Pensacola, FL	City & State Pensacola, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip 32503	Country Escambia	29	Zip 32503	Country Escambia

9. Name and Address of Current Registered Agent SCHNEIDER, AGNES 2705 EAST BRAINERD STREET PENSACOLA FL 32503			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 *Agnes E. Schneider* DATE _____
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, ARTHUR W	1.2 NAME	TIMPE, URSULA H
STREET ADDRESS	208 DOLPHIN STR. GULF BREEZE FL	1.3 STREET ADDRESS	4151 STRINGFIELD ROAD PENSACOLA, FL 32503
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MARIANNE	2.2 NAME	WALDEN, GERTRUD
STREET ADDRESS	3001 OAKPOINT RD PENSACOLA FL	2.3 STREET ADDRESS	1275 PICKENS P AVENUE PENSACOLA, FL 32503
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDMONDS, HELGA	3.2 NAME	EDMONDS, HELGA
STREET ADDRESS	4300 SAN FRANCISCO RD PENSACOLA FL	3.3 STREET ADDRESS	4300 FRANCISCO DRIVE #24 PENSACOLA, FL 32504
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMPE, URSULA	4.2 NAME	GERNON, GERDA
STREET ADDRESS	4151 STRINGFIELD DRIVE PENSACOLA FL	4.3 STREET ADDRESS	2944 CORAL STRIP PKWY GULF BREEZE, FL 32561
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sandra B. Mortham* Date *April 1, 1996* Daytime Phone # *9049324522*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)