FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

724575

(6)

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

FILED May 09 1997 8:00am Secretary of State



Prinojpai Piaci	e of Business	Mailing Address						
4151 STRINGFI		4151 STRINGFIELD RD						
PENSÁCOLA FL 32503		PENSACOLA FL 32503-3425 US						
US		03		3. Date Incorporated or Qualified 10/18/1972	od 3a. Date of Last Report 04/04/1996			
	lace of Business	2a. Mailing Address		10.11	4. FEI Number	/	Applied For	
21		28 POROX 30494		23-7358269		Vot Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional				
22 City & State		27 PENSACOL	City & State			Fee Required		
23		28 32503 -1494		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Countr	v	This corporation has liability for in			
24	25	29 30		•		Yes XNo	8. 155.002,	
	9, Name and Address of Current				10. Name and Address of New Reg	stered Agent		
			81	(•	SERNA GERNOI	V		
SCHNEIDER, AGNES			82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
2705 EAST BRAINERD STREET			83	2944	CORAL STRI	PKW		
PENSACOLA FL 32503				3				
\$4 (5)			84	City	UC 305636	85 Zig	Code	
84 City OLF RREEZE FL 85 Zip Code 3 2 5 6 / 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 agoept the abiligations of, Section 617.0503. Florida Statutes.								
1 2011 23 1663								
SIGNATURE .	Signature type dipriprinted name of registered agen	Land title if applicable. (NOTE: R		pent signature requi	red when reinstating)	DATE CC	<u>, / / / / </u>	
12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		DRS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	TIMPE, URSULA H		1.2 NAME					
STREET ADDRESS	4151 STRINGFIELD RD		1.3 STREE	T ADDRESS			(8	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-	ST - ZIP				
TITLE			2.1 TITLE			Change	Addition C	
NAME	WALDEN, GERTRUD		2.2 NAME					
STREET ADDRESS	1275 PICKENS AVE		1	1 ADDRESS			}	
CITY-ST-ZIP TITLE			2. CITY- 3.1 TITLE	-SI - ZIP		Change	Addition	
NAME	EDMONDS, HELGA	otter	3.2 NAME			villings	LJ AGGILION	
STREET ADDRESS	4300 FRANCISCO DR, #24			T ADDRESS			ļ	
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-				}	
TITLE	VTD	DELETE	4.1 TITLE			Change	Addition	
NAME	GERNON, GERDA		4. 2 NAME				ļ	
STREET ADDRESS	2944 CORAL STRIP PKWY		4.3 STREE	T ADDRESS			[
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME				ļ	
STREET ADDRESS			5.3 STREE	T ADDRESS			Ì	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			F-1 . TEST	
TITLE		☐ DELETE	6.1 TITLE			Change	L_ Addition	
NAME		,	62 NAME	4			ļ	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	are partification that information available	with this filles does not a valid.	6.4 CITY		d in Section 119.07/3\(ii) Florida Statutes	4.4		

I do nereby 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.