


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724575 (6)**  
1. Corporation Name  
**HANSA CLUB, INC. GERMAN-AMERICAN SOCIETY OF PENSACOLA, FLORIDA**



Principal Place of Business <b>4151 STRINGFIELD RD PENSACOLA FL 32503 US</b>	Mailing Address <b>P O BOX 30494 PENSACOLA FL 32503 US</b>
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3. Date Incorporated or Qualified <b>10/18/1972</b>	
4. FEI Number <b>23-7358269</b>	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GERNON, GERDA  
2944 CORAL STRIP PKWY  
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent  
81 Name  
**William G. CHANDLER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**270 N. STILLMAN ST.**  
83  
84 City  
**PENSACOLA** FL 85 Zip Code  
**32505**

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 *William G. Chandler* **WILLIAM G. CHANDLER TREASURER** DATE **12 MARCH 1998**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>TIMPE, URSULA H</b>	
STREET ADDRESS	<b>4151 STRINGFIELD RD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALDEN, GERTRUD</b>	
STREET ADDRESS	<b>1275 PICKENS AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>EDMONDS, HELGA</b>	
STREET ADDRESS	<b>4300 FRANCISCO DR, #24</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	<b>GERNON, GERDA</b>	
STREET ADDRESS	<b>2944 CORAL STRIP PKWY</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<b>DOROTHEE WATSON SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>6550 RAMBLER DR.</b>	
2.3 STREET ADDRESS	<b>PENSACOLA, FL 32505</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>VITTD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>William G. CHANDLER</b>	
4.3 STREET ADDRESS	<b>270 N. STILLMAN ST.</b>	
4.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32505</b>	
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 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: *William G. Chandler* **WILLIAM G. CHANDLER** DATE **12 MARCH 1998** 850-492-9694

CR2E037 (10/97)