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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **724575**

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

5 4 4 7 8 8 *
 544788 - 90030 - 6

Principal Place of Business
 4151 STRINGFIELD RD
 PENSACOLA FL 32503
 US

Mailing Address
 4151 STRINGFIELD RD
 PENSACOLA FL 32503-3425
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/18/1972	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	23-7358269	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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

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 _____ 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 TIMPE, URSULA H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4151 STRINGFIELD RD	1.2 NAME	
STREET ADDRESS	PENSACOLA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD WATSON, DOROTHEE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6550 RAMBLER DR	2.2 NAME	
STREET ADDRESS	PENSACOLA FL 32505	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD EDMONDS, HELGA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4300 FRANCISCO DR, #24	3.2 NAME	
STREET ADDRESS	PENSACOLA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VTD CHANDLER, WILLIAM G.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	270 N. STILLMAN ST.	4.2 NAME	
STREET ADDRESS	PENSACOLA FL 32505	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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: *William G. Chandler* SIGNATURE: *W. S. ...* DATE: *1 May 99* DAYTIME PHONE #: *850-432-5694*

CR2E037 (1/98)