NONPROFIT CORPORATION ANNUAL REPORT



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

1996

732338 DOCUMENT #

GERMAN AMERICAN SOCIAL CLUB OF WEST CENTRAL FLOR IDA, INCORPORATED

Principal Place of Business

Mailing Address

HANSEN, KARL, H 6151 E TREMONT ST INVERNESS FL 32652

HANSEN, KARL, H 6151 E TREMONT ST INVERNESS FL 32652

 Date Incorporated or Qualified 04/02/1975 4. FEI Number 59-6567158

Applied For Not Applicable

2. Principal Place of Business . 21 GRUM, MARTIN

2a. Mailing Address 26 GRUM, MARTINI Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Suite, Apt. #, etc 22 410 9. WASHINGTON ST. City & State

27 410 S. WASHINGTON ST. City & State

6. Election Campaign Financing Trust Fund Contribution

Fee Required \$5.00 May Be

3a. Date of Last Report 02/28/1995

23 BEVERLY HILLS $Z_{\rm IP}$

BEVERLY Hills, FL U.S.A. 29 34465

30 U.S.A

8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes

Added to Fees

24 34465

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

eet Address (P.O. Box Number is Not Acceptable)

B. WASHINGTON 62

HANSEN, KARL H 6151 E TREMONT ST **INVERNESS FL 32652**

> BEVERLY Hills 84

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	MAR	714	GRU	M.	Pess	
	Stonature	typied or	printed name of	fireciarier	ed agent and ti	tie if applicable.

(NOTE: Rugistered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE GRUM, MARTIN GRUM, MARTIN 12 NAME NAME 410 S. WASHINGTON ST. 410 S WASHINGTON ST 13 STREET ADDRESS STREET ADDRESS **BEVERLY HILLS FL** BEVERLY HIlls, FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 21 TITLE TITLE BRYANT, RAYMOND WALTER SHUER 22 NAME NAME RT I BOX 1843 NA 4291 N STEWART WAY 2.3 STREET ADDRESS STREET ADDRESS BEVERLY HILLS FL 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE TITLE 3.1 TIFLE NESSINBAUM, HERMINE LORENZ, GERHARD 3.2 NAME NAME 326 DESOID ST. **188 N BRITIAN ST** 3 3 STREET ADDRESS STREET ADDRESS BEVERLY HIlls, FL HERNANDO FL 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TIME LEMPEREUR, FRIEDA 4. 2 NAME GRUM, EVA NAME 410 8. WASHINGTONS ST. 5505 S DEDE TERR 4.3 STREET ADDRESS STREET ADDRESS BEVERLY HILL FL CITY - ST - ZIP

INVERNESS FL DELETE STILES, BILLY O

6640 S DUVAL ISLAND DR

FLORAL CITY FL

EMMERICH, RUDOLF

2858 W BEAMWOOD DR

44 CITY-ST-ZIP 5.1 TITLE 5.2 NAME

MCLAUGLIN, ERNIE 10984 SW 81 ST. AUG. RD

HANSEN, KARL-4.

6151 & TREMONT ST

ocala, FL

Change

Change Addition

Addition

INVERNASE, FZ BEVERLY HILLS FL 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

61 TITLE

6 2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE

appears in Block 12 or Bloc

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

DELETE

352-*746-0964*