

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 732338 (9)

1. Corporation Name
GERMAN AMERICAN SOCIAL CLUB OF WEST CENTRAL FLORIDA, INCORPORATED



Principal Place of Business Mailing Address
GRUM, MARTIN 410 S WASHINGTON ST BEVERLY HILLS FL 34465 US
GRUM, MARTIN 410 S WASHINGTON ST BEVERLY HILLS FL 34465-4379 US

3. Date Incorporated or Qualified 04/02/1975
3a. Date of Last Report 02/16/1996

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number 59-6567158
Applied For Not Applicable

Suite, Apt. #, etc. 22
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23
28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country 24
25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRUM, MARTIN
410 S WASHINGTON ST
BEVERLY HILLS FL 34465

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GRUM, MARTIN	
STREET ADDRESS	410 S WASHINGTON ST	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUER, WALTER	
STREET ADDRESS	RT 1 BOX 1843 N/A	
CITY-ST-ZIP	O'BRIEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LORENZ, GERHARD	
STREET ADDRESS	188 N BRITIAN ST	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEMPEREUR, FRIEDA	
STREET ADDRESS	5505 S DEDE TERR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STILES, BILLY O	
STREET ADDRESS	6840 S DUVAL ISLAND DR	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, KARL-H	
STREET ADDRESS	6151 E TREMONT ST	
CITY-ST-ZIP	INVERNESS FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	IMMERICH R.H.
4.3 STREET ADDRESS	2858 W. BEAMWOOD DR.
4.4 CITY-ST-ZIP	BEVERLY HILLS, FL. 34465
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McLaughlin, Kathy
5.3 STREET ADDRESS	10894 SW 81st Ave. Road
5.4 CITY-ST-ZIP	Ocala FL.
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Pursley, Douglas
6.3 STREET ADDRESS	381 Nutmeg Terrace
6.4 CITY-ST-ZIP	Lecanto, FL.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: *Martin Grum* 1-6-97 352-746-0964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065483

CR2E037 (9/96)