


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
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 # 732338					
1. Corporation Name GERMAN AMERICAN SOCIAL CLUB OF WEST CENTRAL FLORIDA, INCORPORATED					
Principal Place of Business GRUM, MARTIN 410 S WASHINGTON ST BEVERLY HILLS FL 34465 US			Mailing Address GRUM, MARTIN 410 S WASHINGTON ST BEVERLY HILLS FL 34465 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/02/1975	
				4. FEI Number 59-6567158	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GRUM, MARTIN 410 S WASHINGTON ST BEVERLY HILLS FL 34465				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRUM, MARTIN		1.2 NAME	Grum Martin D			
STREET ADDRESS	410 S WASHINGTON ST		1.3 STREET ADDRESS	410 S. Washington St.			
CITY-ST-ZIP	BEVERLY HILLS FL		1.4 CITY-ST-ZIP	Beverly Hills, Fl.			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRUM, EVA		2.2 NAME	Albert Hayes P			
STREET ADDRESS	410 S WASHINGTON ST		2.3 STREET ADDRESS	503 S. Monroe St.			
CITY-ST-ZIP	BEVERLY HILLS FL		2.4 CITY-ST-ZIP	Beverly Hills, Fl.			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LORENZ, GERHARD		3.2 NAME				
STREET ADDRESS	188 N BRITAIN ST		3.3 STREET ADDRESS				
CITY-ST-ZIP	HERNANDO FL		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLAUGHLIN, ERNIE		4.2 NAME				
STREET ADDRESS	10894 SW 81ST AVE RD		4.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EMMERICH, R H		5.2 NAME				
STREET ADDRESS	2858 W BEAMWOOD DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	BEVERLY HILLS FL		5.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PURSLEY, DOUGLAS		6.2 NAME				
STREET ADDRESS	381 NUTMEG TERRACE		6.3 STREET ADDRESS				
CITY-ST-ZIP	LECANTO FL		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:

M. A. G. RUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99 352-746-0964

CR2E037 (1/198)