2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732338

FILED Mar 19, 2009 Secretary of State

Entity Name: GERMAN AMERICAN SOCIAL CLUB OF WEST CENTRAL FLORIDA, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 77 CIVIC CIRCLE BEVERLY HILLS, FL 34465 US **Current Mailing Address: New Mailing Address:** PO BOX 640031 BEVERLY HILLS, FL 34464 US FEI Number: 59-6567158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICHTER, MAX MR. 8484 S.W. 61 TERRACE ROAD OCALA, FL 34476 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SPANGENBERG, HORST G MR. SNYDER DONAHOO, MGRACE Name: Name: 8075 SW 108TH LOOP Address: PO BOX 205 Address: City-St-Zip: OCALA, FL 34481 US City-St-Zip: HOLDER, FL 34445 US Title: () Delete Title: (X) Change () Addition REIS, MICHAEL MR. Name: HORST, SPANGENBERG Name: Address: 2751 N CROSSBOW PT. Address: 8075 S W 108 LOOP City-St-Zip: HERNANDO, FL 34442 US City-St-Zip: OCALA, FL 34434481 US Title: () Delete Title: () Change () Addition PRICE, ELEONORE MRS. Name: Name: Address: 609 E. LIBERTY STREET Address: City-St-Zip: HERNANDO, FL 34442 US City-St-Zip: () Delete Title: Title: () Change () Addition Name: BURGHARDT, SONJA MRS. Name: 2180 N. BRENTWOOD CIRCL. Address: Address: City-St-Zip: LECANTO, FL 34461 US City-St-Zip: Title: () Delete Title: () Change () Addition LORENZ, GERHARD MR. Name: Name: 188 W. BRITAIN SREET Address: Address: City-St-Zip: HERNANDO, FL 34442 US City-St-Zip: Title: () Delete Title: () Change () Addition RICHTER, MAX MR. Name: Name: Address: 8484 S.W. 61 TERRACE ROAD Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: M GRACE SNYDER DONAHOO PRES 03/19/2009

OCALA, FL 34476 US

City-St-Zip: