

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732478

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE GERMAN-AMERICAN CLUB OF CHARLOTTE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

1484 ROMMEL STREET
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

1484 ROMMEL STREET
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILOSKY, HERTA
149 N.W. CAMBRIDGE DRIVE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

SCHLIERHOLZ, MILLIE
224 KENSINGTON STREET
PORT CHARLOTTE, FL 33954 US

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: MILLIE SCHLIERHOLZ

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CARROLL, ROBERT
Address: 1236 KENSINGTON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: V () Delete
Name: SCHLIERHOLZ, MILLIE
Address: 224 KENSINGTON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD () Delete
Name: LATZSCH, KATE
Address: 1430 AKEN ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DD () Delete
Name: CARROLL, GAIL
Address: 1236 KENSINGTON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: P () Delete
Name: MILOSKY, HERTA
Address: 149 NW CAMBRIDGE DR
City-St-Zip: PORT CHARLOTTE, FL

Title: RD () Delete
Name: HELMUT, DEVRIES
Address: 1484 ROMMEL ST
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DD (X) Change () Addition
Name: LOBIANCO, TOM
Address: 2417 RAYWOOD AVE
City-St-Zip: NORTH PORT, FL 34286

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT CARROLL

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date