## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 732478** 

FILED May 21, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1484 ROMMEL STREET 224 KENSINGTON ST.

PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33954

Current Mailing Address: New Mailing Address:

1484 ROMMEL STREET 224 KENSINGTON ST.

PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33954

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHLIERHOLZ, MILLIE
224 KENSINGTON STREET
PORT CHARLOTTE, FL 33954 US
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 05/21/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 CARROLL, ROBERT

 Address:
 1236 KENSINGTON ST

 City-St-Zip:
 PORT CHARLOTTE, FL 33952

Title: V

 Name:
 SCHLIERHOLZ, MILLIE

 Address:
 224 KENSINGTON ST

 City-St-Zip:
 PORT CHARLOTTE, FL 33952

Title: SD

Name: LATZSCH, KATE Address: 1430 AKEN ST

City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DD

 Name:
 CARROLL, GAIL

 Address:
 1236 KENSINGTON ST

 City-St-Zip:
 PORT CHARLOTTE, FL 33952

Title: DD

Name: RATH, HERMA Address: 280 COBLENTZ ST.

City-St-Zip: PORT CHARLOTTE, FL 33954

Title: RD

Name: GILBERT, HEIDI Address: 198 COBLENTZ ST.

City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby 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 all other like empowered.

SIGNATURE: ROBERT CARROLL T 05/21/2010