

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 748180**

1. Corporation Name

**GERMAN AMERICAN CLUB OF MANATEE COUNTY INC.**

Principal Place of Business

BAYSHORE GARDEN RECREATION CENTER  
6319-26TH ST W  
BRADENTON FL 34207  
US

Mailing Address

PO BOX 10545  
BRADENTON FL 34282  
US

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90007 038 \*\*\*\*61.25



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**07/24/1979**

4. FEI Number

**59-2021268**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HARTENSTEIN, BERNHARD G.  
4119-53RD ST W  
BRADENTON FL 34209

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

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

TITLE ☐ DELETE  
NAME HARTENSTEIN, BERNY  
STREET ADDRESS 4119-53RD ST W  
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☐ DELETE  
NAME VP  
ECKARDT, RICHARD  
STREET ADDRESS 931 SUNRIDGE WAY  
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ DELETE  
NAME T  
JACOB, PAULA  
STREET ADDRESS 6470 MORNING DOVE DR, #201  
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ DELETE  
NAME S  
SEYBOLD, TED  
STREET ADDRESS 7309 DUNES CT  
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ DELETE  
NAME D  
MCNEIL DANIEL  
STREET ADDRESS 2808-60TH AVE W 1724  
CITY-ST-ZIP BRADENTON FL 34207

TITLE ☒ DELETE  
NAME D  
VAN GEMERT MYRTLE  
STREET ADDRESS 2210-71ST ST WEST  
CITY-ST-ZIP BRADENTON FL 34209

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME *Clara Sommerfeld*  
1.3 STREET ADDRESS *6407 8th Street Ct. W.*  
1.4 CITY-ST-ZIP *Brad. Fla 34207*

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)