

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90058 022 \*\*\*\*61.25

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**DOCUMENT # 754399**

1. Corporation Name

**GERMAN-AMERICAN SOCIAL CLUB OF BREVARD, INC.**

Principal Place of Business

**2515 HERITAGE DRIVE  
TITUSVILLE FL 32780**

Mailing Address

**2515 HERITAGE DRIVE  
TITUSVILLE FL 32780**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**09/29/1980**

4. FEI Number

**59-2159232**

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

**THOMSON, INGEBORG C.  
4330 PEPPER TREE STREET  
COCOA BEACH FL 32926**

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 **P**  
STREET ADDRESS **MLODZIANOWSKI, RUTH**  
CITY-ST-ZIP **2515 HERITAGE DR.  
TITUSVILLE FL**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **ANGLIN, HELGA**  
CITY-ST-ZIP **2510 GRAN TETON BLVD.  
MELBOURNE FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MAURER, HELGA**  
CITY-ST-ZIP **2673 CORBUSIER DR  
MELBOURNE FL 32935**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **KISCHNER, RUTH**  
CITY-ST-ZIP **1489 BRONCO DR  
MELBOURNE FL 32940**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SHERMAN, HARLAND**  
CITY-ST-ZIP **3285 SAVANNAHS TRAIL  
MERRITT ISLAND FL 32953**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **KUEHNHOLD, HEIDI**  
CITY-ST-ZIP **2200 BREEZY CIRCLE  
MELBOURNE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 it changed, or on 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 #

**2-24-99 407/267-4111**

CR2E037 (11/98)