


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 08, 2004 08:00 AM
Secretary of State

| | | | |
|---|---------|---|---------|
| DOCUMENT # 754399 | |  | |
| 1. Entity 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 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E037 (11/03)

4. FEI Number **59-2159232** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent THOMSON, INGEBORG C. 4330 PEPPER TREE STREET COCOA BEACH FL 32926 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MLODZIANOWSKI, RUTH 2515 HERITAGE DR. TITUSVILLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000081996 03/09/04-80009-D14 61.25 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V ANGLIN, HELGA 2510 GRAN TETON BLVD. MELBOURNE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MAURER, HELGA 2673 CORBUSIER DR MELBOURNE FL 32935 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S JOHNSON, MARCELLE 4253 WOOD HAVEN DR MELBOURNE FL 32935 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHERMAN, HARLAND 3285 SAVANNAHS TRAIL MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KUEHNHOLD, HEIDI 2200 BREEZY CIRCLE MELBOURNE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth Mlodzianowski **RUTH MLODZIANOWSKI** 2-25-04 321-267-4111