

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90040 042 ****61.25

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

03022005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

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

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

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

TITLE **S** ☐ Delete
NAME **JOHNSON, MARCELLE**
STREET ADDRESS **4253 WOOD HAVEN DR**
CITY-ST-ZIP **MELBOURNE, FL 32935**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **JOHNSON, FRANK**
STREET ADDRESS **4255 WOOD HAVEN DR**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ELKE THAN-JONES**
STREET ADDRESS **974 PINSON BLVD.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955-2328**

TITLE ☒ Change ☐ Addition
NAME **OSBORNE, ALBERT**
STREET ADDRESS **765 OUTER DR.**
CITY-ST-ZIP **COCOA, FL 32926**

12. 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05

Date

321-267-4111

Daytime Phone #

RUTH MLODZIANOWSKI