

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90083 007 ****61.25

DOCUMENT # 754399 1. Entity Name GERMAN-AMERICAN SOCIAL CLUB OF BREVARD, INC.					
Principal Place of Business 320 WICKHAM LAKES DR 1116 CONDADO DR MELBOURNE, FL 32940 ROCKLEDGE FL 32955				Mailing Address PO BOX 410918 MELBOURNE, FL 32941-0918	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40009570 	
City & State Zip		City & State Zip		4. FEI Number 59-2159232	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUEDERS, CARL 720 WICKHAM LAKES DR. MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name DENNIS L. BENNETT Street Address (P.O. Box Number is Not Acceptable) 1101 INDIAN OAKS DR. City MELBOURNE FL 32901	
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 <u>Dennis L. Bennett</u> DENNIS L. BENNETT, Treasurer 2/1/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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 LUEDERS, CARL 720 WICKHAM LAKES DR MELBOURNE, FL 32940	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERNA TAYLOR 1116 CONDADO DR. ROCKLEDGE, FL 32955	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MLODZIANOWSKI, RUTH 2515 HERITAGE DR TITUSVILLE, FL 32780	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBERT OSBORNE 765 OUTER DR. COLOA, FL 32926	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, FRANK 4255 WOODHAVEN DR MELBOURNE, FL 32935	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS L. BENNETT 1101 INDIAN OAKS DR. MELBOURNE, FL 32901	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, MARCELLE 4253 WOOD HAVEN DR MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THAN- JONES, ELKE 974 PINSON BLVD ROCKLEDGE, FL 329552328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ANNI 1101 INDIAN OAKS DR MELBOURNE, FL 32901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Dennis L. Bennett</u> DENNIS L. BENNETT 2/1/07 (321) 373-5881 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					