

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90083 001 \*\*\*\*61.25

**DOCUMENT # 757526**

1. Entity Name

GERMAN-AMERICAN CLUB OF ST. AUGUSTINE, INC.



Principal Place of Business

1985 STATE RD 16  
PO BOX 3303  
ST AUGUSTINE FL 32085

Mailing Address

1985 STATE RD 16  
PO BOX 3303  
ST AUGUSTINE FL 32085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1741922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEINBERG, MICHELLE  
1985 SR 16  
ST AUGUSTINE FL 32095

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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	PD	<input type="checkbox"/> Delete
NAME	WEINBERG, MICHELLE	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COURT, JUNE	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HERTEL, HAROLD	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RENOALL, FREDERICK W	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RENDALL, MARTHA	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COURT, JAMES R.	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE, FL	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, ROBERT	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James R. Court*  
**Feb 24, 2005** (904) 794-5123