

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90097 031 ****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		4. FEI Number 59-1741922	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINBERG, MICHELLE		NAME		
STREET ADDRESS	1985 SR 16		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COURT, JUNE		NAME	KATLIN HINZ	
STREET ADDRESS	1985 SR 16		STREET ADDRESS	1985 SR 16 ST. AUGUSTINE, FL	
CITY-ST-ZIP	ST AUGUSTINE FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERTEL, HAROLD		NAME		
STREET ADDRESS	1985 SR 16		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COURT, JAMES R		NAME		
STREET ADDRESS	1985 SR 16		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, ROBERT		NAME		
STREET ADDRESS	1985 SR 16		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michelle Weinberg 2/13/06 (904) 829-9956