

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**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

**FILED**  
**Jul 30, 2008 08:00 AM**  
**Secretary of State**



07272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WEINBERG, MICHELLE  
STREET ADDRESS 1985 SR 16  
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE VPD  
NAME HINZ, KATLIN  
STREET ADDRESS 1985 SR 16  
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE VPD  
NAME HERTEL, HAROLD  
STREET ADDRESS 1985 SR 16  
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE T  
NAME COURT, JAMES R  
STREET ADDRESS 1985 SR 16  
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE S  
NAME MARTIN, ROBERT  
STREET ADDRESS 1985 SR 16  
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000956670  
07/30/08-80002-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Michelle Weinberg* 7/28/08 904 829-9956  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**MICHELLE WEINBERG PRES.**