

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757526

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: GERMAN-AMERICAN CLUB OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

1985 STATE RD 16  
PO BOX 3303  
ST AUGUSTINE, FL 32085

**New Principal Place of Business:**

1985 STATE RD 16  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

1985 STATE RD 16  
PO BOX 3303  
ST AUGUSTINE, FL 32085

**New Mailing Address:**

P.O.BOX 3303  
ST AUGUSTINE, FL 32085

FEI Number: 59-1741922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEINBERG, MICHELLE  
1985 SR 16  
ST AUGUSTINE, FL 32095 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEINBERG, MICHELLE  
Address: 1985 SR 16  
City-St-Zip: ST AUGUSTINE, FL

Title: VPD ( ) Delete  
Name: HINZ, KATLIN  
Address: 1985 SR 16  
City-St-Zip: ST AUGUSTINE, FL

Title: VPD ( ) Delete  
Name: HERTEL, HAROLD  
Address: 1985 SR 16  
City-St-Zip: ST AUGUSTINE, FL

Title: T ( ) Delete  
Name: COURT, JAMES R  
Address: 1985 SR 16  
City-St-Zip: ST AUGUSTINE, FL

Title: S ( ) Delete  
Name: MARTIN, ROBERT  
Address: 1985 SR 16  
City-St-Zip: ST AUGUSTINE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE WEINBERG

PD

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date