2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002391

1. Entity Name
GERMAN HISTORICAL RESEARCH SOCIETY, INC.

Principal Place of Business	Mailing Address
3837 NORTHDALE BLVD STE 146 TAMPA, FL 33624	3837 NORTHDALE BLVD STE 146 TAMPA, FL 33624

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03302006 No Chg-NP CR2E037 (11/05)

4. FEI Number
16-1699473
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGHERTY, LYNN
3837 NORTHDALE BLVD
SUITE 146
TAMPA, FL 33624

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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 _____ DATE
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	EO
NAME	IRSLINGER, WENDELIN
STREET ADDRESS	3837 NORTHDALE BLVD, STE 146
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	OP/O
NAME	DOUGHERTY, LYNN
STREET ADDRESS	3837 NORTHDALE BLVD, STE 146
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	P
NAME	SMITH, JAMES K
STREET ADDRESS	3837 NORTHDALE BLVD, STE 146
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80046-021 61.25

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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: Lynn A. Dougherty Lyna D Dougherty 4/6/06 813-960-2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #