


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90017 026 \*\*\*\*61.25

<b>DOCUMENT #</b> N04000003477	
<b>1. Entity Name</b> GERMAN AMERICAN CLUB HARMONIE, INC.	

<b>Principal Place of Business</b> 443 DUNDEE CT NAPLES FL 34104	<b>Mailing Address</b> 443 DUNDEE CT NAPLES FL 34104
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 65-0133428	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BRAND, RALPH 443 DUNDEE CT NAPLES FL 34104
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<b>7. Name and Address of New Registered Agent</b>
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.**

<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input type="checkbox"/> Delete BRAND, RALPH 443 DUNDEE CT NAPLES FL 34104
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <input type="checkbox"/> Delete EVA, PFEIFER 455 13TH AVE SOUTH NAPLES FL 34102
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete JANSONS, INGRID 1590 CLERMONT DR., #104 NAPLES FL 34109
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete DIDDLE, KEN ISLA CLUDAD CR 3936 NAPLES FL 34109
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <input type="checkbox"/> Delete ZIEGELE, DORIS 2352 MAGNOLIA LANE #1 NAPLES FL 34112
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <input type="checkbox"/> Delete IMMER, WOLFGANG 322 EMERALD BAY CIRCLE #322 NAPLES FL 34110

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TREAS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BITA SCHAEFFER 161 COLLIER CT 309 NAPLES FL 34145
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WERNER ROPERS 7843 INIO COURT (VERONAS) NAPLES, FL 34114
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PETER PFEIFER 455 13TH AVE SOUTH NAPLES FL 34102
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PETER BEHRENS 2135 TAMA CIRCLE NAPLES, FL 34112
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>ENTERT. CHAIRPERSON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHARLES FARAGO 386 MELROSE PLACE NAPLES FL 34107
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b>	<i>Bit Schaeffer</i> TREAS	March 8, 2007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		