

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90071 002 ****70.00

DOCUMENT # N04000005049					
1. Entity Name ASSOCIATION OF GERMAN EXPELLEES, WORLWIDE, INC.					
Principal Place of Business 2370 HANOVER DR DUNEDIN, FL 34698			Mailing Address PO BOX 254 PALM HARBOR, FL 34682-0254		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="text-align: center; font-size: 1.2em;">20-1168567</div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FINLEY, MYRON G ESQ 1221 ROGERS STREET SUITE B CLEARWATER, FL 33756				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 reinstating)					
Filing Fee Is \$61.25 Due by May 1, 2005		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHULZ, Johann 21 Ruppiner Str. Falkensee, Germany 14612				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBERSON, RICHARD 645 Drake LWN. Dunedin, FL 34698				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2V Schaeffer, Linda Carol 2550 116 ST. CIR. E ELLEnton, FL 34222				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Kellner, Matthias 5 Brandstr. Berlin, Germany 13467				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Roberson, Zina Denise 645 Drake LWN Dunedin, FL 34698				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row)				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
(Empty row for additions/changes)					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ZINA D. ROBERSON <i>Zina D Roberson</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
727-736-4086				Daytime Phone #	