

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 25, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N06577**

1. Entity Name  
**GERMAN AMERICAN CLUB "FRIENDSHIP" OF BONITA  
SPRINGS, INC.**



Principal Place of Business  
**MATT STEFAN  
25810 HICKORY BLVD E-501  
BONITA SPRINGS, FL 34134 US**

Mailing Address  
**MATT STEFAN  
25810 HICKORY BLVD E-501  
BONITA SPRINGS, FL 34134 US**



07312005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2607715**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STEFAN, MATT  
25810 HICKORY BLVD  
SEA SCAPE BLDG. E 501  
BONITA SPRINGS, FL 34134**

**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 *Chad Stefan* **MATT STEFAN**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8.19.2005  
DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEFFNER, ALFRED 680 WOODSHIRE LANE, NE 4 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINGNER, LORRAINE 9300 BARON RD BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEFAN, MATT 25810 HICKORY BLVD SEA SCAPE BLDG E 501 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARZEN, BRIGITTE 83 PALO CT. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRECH, DAWN 25637 REDBLUSH CR. BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000377066  
08/25/05-80004-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Chad Stefan* **MATT STEFAN**, 8.18.2005 - 815-653-2337  
Signature and typed or printed name of signing officer or director Date Daytime Phone #