

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/21/2008-90002-006-\$61.25-\$61.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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2nd MOORE CR2E037 (4/08)

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| <b>DOCUMENT # N07000009083</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                     |                                                       |  |                                   |
| 1. Entity Name<br><b>GERMAN ACCENTS VOLKSWAGEN CLUB OF MELBOURNE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                                                                                     |                                                       |                                                                                   |                                   |
| Principal Place of Business<br><b>1405 DELAWARE AVE.<br/>MALABAR FL 32950</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | Mailing Address<br><b>1405 DELAWARE AVE.<br/>MALABAR FL 32950</b>                   |                                                       |                                                                                   |                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | 3. Mailing Address                                                                  |                                                       |                                                                                   |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | Suite, Apt. #, etc.                                                                 |                                                       |                                                                                   |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     | City & State                                                                        |                                                       |                                                                                   |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country             | Zip                                                                                 | Country                                               | 4. FEI Number<br><b>59-359-4835</b>                                               |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                     |                                                       | Applied For<br><input type="checkbox"/> Not Applicable                            |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                     |                                                       | \$8.75 Additional Fee Required                                                    |                                   |
| 6. Name and Address of Current Registered Agent<br><b>HARTEGAN, DEBORAH S<br/>5936 NEWBURY CIRCLE<br/>MELBOURNE FL 32940</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                     |                                                       | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                                     |                                                       |                                                                                   |                                   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By September 3, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                       | \$5.00 May Be Added to Fees                                                       |                                   |
| Make Check Payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                     |                                                       |                                                                                   |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P                   | <input type="checkbox"/> Delete                                                     | TITLE                                                 | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HARTEGAN, DEBORAH S |                                                                                     | NAME                                                  |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5936 NEWBURY CIRCLE |                                                                                     | STREET ADDRESS                                        |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MELBOURNE FL 32940  |                                                                                     | CITY-ST-ZIP                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VP                  | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                 | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | POUNDS, SUSAN       |                                                                                     | NAME                                                  |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6959 W. NASA BLVD   |                                                                                     | STREET ADDRESS                                        |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MELBOURNE FL 32904  |                                                                                     | CITY-ST-ZIP                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TREA                | <input type="checkbox"/> Delete                                                     | TITLE                                                 | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AMARA, CINDY        |                                                                                     | NAME                                                  |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1405 DELAWARE AVE   |                                                                                     | STREET ADDRESS                                        |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MALABAR FL 32950    |                                                                                     | CITY-ST-ZIP                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 300 Oswalt - VP     | <input type="checkbox"/> Delete                                                     | TITLE                                                 | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3240 Westland Court |                                                                                     | NAME                                                  |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Melbourne FL 32934  |                                                                                     | STREET ADDRESS                                        |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                     | CITY-ST-ZIP                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Argie Oswalt - Sec. | <input type="checkbox"/> Delete                                                     | TITLE                                                 | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3240 Westland Court |                                                                                     | NAME                                                  |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Melbourne FL 32934  |                                                                                     | STREET ADDRESS                                        |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                     | CITY-ST-ZIP                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | <input type="checkbox"/> Delete                                                     | TITLE                                                 | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                     | NAME                                                  |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                     | STREET ADDRESS                                        |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                     | CITY-ST-ZIP                                           |                                                                                   |                                   |
| 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: <i>Deborah Hartegan</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                     | 8/16/08 321-674-7269                                  |                                                                                   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                     | Date Day/Time Phone #                                 |                                                                                   |                                   |