

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90034 012 ****65.00

DOCUMENT # N10237 1. Entity Name THE GERMAN-AMERICAN CLUB GERMANIA, INC.					
Principal Place of Business P O BOX 323 FT WALTON BCH, FL 32549 US				Mailing Address P O BOX 323 FT WALTON BCH, FL 32549 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01302005 Chg-NP CR2E037 (10/03) 4. FEI Number 26-3398724	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEHNKEN, JOHANN MR 111 CLIFFORD DR. SHALIMAR, FL 32579				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <small>(NOTE: Registered Agent signature required when re-registering)</small>	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Johann H. Behnken 111 Clifford Dr. Shalimar, FL 32579	
NAME	ZILER, JIM		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	52 MANDEVILLA LN.		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZECH, KARL		NAME	HEIDI DUHAINIE	
STREET ADDRESS	17 TWISTED OAK ST.		STREET ADDRESS	210 WINDWARD WAY	
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHELLING, CAROLYN		NAME	MARLOT FRAZIER	
STREET ADDRESS	31 COUNTY CLUB RD.		STREET ADDRESS	2007 MISTRAL LANE	
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHELLING, EDWARD		NAME	WOLFGANG LAURISCH	
STREET ADDRESS	31 COUNTY CLUB RD.		STREET ADDRESS	2666 BOB WHITE CIRCLE	
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	NAVARRE FL 32566	
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		
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 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:			10 Mar 05 850 651 8329		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		