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

FILED
Feb 21, 2007 8:00 am
Secretary of State
02-21-2007 90026 050 ****61.25

DOCUMENT # N10237

1. Entity Name

THE GERMAN-AMERICAN CLUB GERMANIA, INC.

Principal Place of Business	Mailing Address
P O BOX 323 FT WALTON BCH FL 32549 US	P O BOX 323 FT WALTON BCH FL 32549 US

1st MOORE CR2E037 (10/06)

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 26-3398724 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 **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 Johann H Behnken TRUSTEE 8 FEB 07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 **Due By May 1, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZILER, JIM 52 MANDEVILLA LN DESTIN FL 32541	☒ Delete	TITLE PD NAME ERIKA CAMPBELL STREET ADDRESS 106 GLENEAGLE DR CITY-ST-ZIP NICEVILLE FL 32578	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, ERIKA 1592 PKVW CT NICEVILLE FL 32578	☒ Delete	TITLE VP NAME URSEL L. BEHNKEN STREET ADDRESS 111 CLIFFORD DR CITY-ST-ZIP SHALIMAR FL 32574	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRAZIER, MARGOT 2007 MISTRAL LANE FORT WALTON BEACH FL 32547	☒ Delete	TITLE SD NAME MICHAELA PREXL STREET ADDRESS 703 McDONALD ST. CITY-ST-ZIP CRESTVIEW FL 3278	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAURISCH, WOLFGANG 2666 BOB WHITE CIR NAVARRE FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ 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.

SIGNATURE: Johann H Behnken 8 FEB 07 850 651 8329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #