

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90014 040 \*\*\*\*61.25

<b>DOCUMENT # N10237</b> 1. Entity Name <b>THE GERMAN-AMERICAN CLUB GERMANIA, INC.</b>					
Principal Place of Business <b>P O BOX 323</b> <b>FT WALTON BCH, FL 32549 US</b>			Mailing Address <b>P O BOX 323</b> <b>FT WALTON BCH, FL 32549 US</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 <b>26-3398724</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BEHNKEN, JOHANN MR</b> <b>111 CLIFFORD DR.</b> <b>SHALIMAR, FL 32579</b>				7. Name and Address of New Registered Agent  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. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZILER, JIM 52 MANDEVILLA LN DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERIK A. CAMPBELL 106 GLEN EAGLES DR NICEVILLE, FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, ERIKA 1592 PKVW CT NICEVILLE, FL 32578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LILLIAN SCHOBEN 15 DRIFTWOOD AVE S.W. FT. WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRAZIER, MARGOT 2007 MISTRAL LANE FORT WALTON BEACH, FL 32547		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INGEBORG MYERS 173 LOCACIRCLE DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAURISCH, WOLFGANG 2666 BOB WHITE CIR NAVARRE, FL 32566		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHAEL MANNING 205 SLOAT CT FORT WALTON BEACH, FL 32548	
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 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.					
<b>SIGNATURE:</b> <i>Erika A. Campbell</i>			2/19/08 850-897-2586		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					