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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000004 (3)

1. Corporation Name

DEUTSCHER HILFSClub FLORIDA - WESTKUSTE, INC.

Principal Place of Business

13409 3RD AVE. E  
BRADENTON FL 34202

Mailing Address

P.O. BOX 7234  
BRADENTON FL 34210-0334

*new mailing Addr. 13409 3rd Ave E,  
Bradenton, FL 34202*



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
10/27/1992

3a. Date of Last Report  
02/29/1996

4. FEI Number  
65-0387991

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STURM, WERNER E  
2107 PALMA SOLA BLVD.  
SUITE 80  
BRADENTON FL 34209

81 Name *Werner Pfeiffer*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*13409 3rd Ave E*  
83 *Bradenton, FL 34202*  
84 City *FL* 85 *34202*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/3/97*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PFEIFFER, WERNER	
STREET ADDRESS	13409 3RD AVE. E.	
CITY - ST - ZIP	BRADENTON FL 34202	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HEINZE-STURM, GRETEL	
STREET ADDRESS	P.O. BOX 7234 N/A	
CITY - ST - ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PFEIFFER, ERIKA	
STREET ADDRESS	13409 3RD AVE. E.	
CITY - ST - ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STURM, WERNER	
STREET ADDRESS	2107 PALMA SOLA BLVD. SUITE 80	
CITY - ST - ZIP	BRADENTON FL 34221-4862	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUEN, KARL	
STREET ADDRESS	4802 PERIDIA BLVD. 80	
CITY - ST - ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZO-UMANN, LOTHAR	
STREET ADDRESS	508- 44TH AVE	
CITY - ST - ZIP	BRADENTON FL 34203	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Werner Pfeiffer*

941 749-2848

Date Daytime Phone # 0061991

CR2E037 (9/96)