

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N92000000748 (5)**

1. Corporation Name

HEARTLAND GERMAN-AMERICAN SOCIETY, INC.

Principal Place of Business

P.O. BOX 1611
SEBRING FL 33871

Mailing Address

P.O. BOX 1611
SEBRING FL 33871

FILED

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SECRETARY OF STATE



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1992		3a. Date of Last Report 07/13/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0382921		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BUSSING, JOANNA
216 RAIL AVE
SEBRING FL 33872

10. Name and Address of New Registered Agent

81	Name	MARIA SESMAN	
82	Street Address (P.O. Box Number is Not Acceptable)	2162 ROXBURY RD.	
83	City	85	Zip Code
	AVON PARK	FL	33825

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, or 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

MARIA SESMAN

Maria Serman

6-24-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	BOARD OF DIRECTOR
NAME	SESMAN, MARIA	1.2 NAME	LEON LEHMAN
STREET ADDRESS	2162 ROXBURY RD	1.3 STREET ADDRESS	516 LEXINGTON DR
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	SEBRING, FLORIDA 33870
TITLE	V	2.1 TITLE	
NAME	GERHART, ANDREAS	2.2 NAME	
STREET ADDRESS	7724 GRANDA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	EVANS, DAVID M.	3.2 NAME	
STREET ADDRESS	216 RAIL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	BUSSING, JOANNA	4.2 NAME	
STREET ADDRESS	216 RAIL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HISAM, ERNEST	5.2 NAME	
STREET ADDRESS	101 THRUSH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	REINHARDT, HARRY	6.2 NAME	
STREET ADDRESS	13 W. ORANGE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maria Serman **MARIA SESMAN**

6-24-96

941-453-3887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #