FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N9200000748 (5)

HEARTLAND GERMAN-AMERICAN SOCIETY, INC.

Principal Place of Business		Mailing Address		1 184(1)91 ana 1911A (181) astut edilli Satu astut	83111 88111 18 3 11 (ALSO1 LOIT 1881	
2162 ROXBRUY ROAD AVON PARK FL 33825		2162 ROXBRUY ROAD AVON PARK FL 33825		3. Date Incorporated or Qualified			
					12/10/1992 4. FEI Number		pplied For
					65-0382921	— —	ot Applicable
2. Principal P	lace of Business	2a. Mailing Address			5. Certificate of Status Desired		Additional
21 26						equired	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	May Be
City & State City & State			<u></u>		7. Is this nonprofit corporation a homeowners association?		
28		28			☐ Yes ☐ No		
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the c		
24	25	29	30		Personal Property Tax due June 30.		□ No
	9. Name and Address of Curre	it Hegistered Agent	81	Name	10. Name and Address of New Registere	1 Agent	
CECHAA	A MADIA		Ĺ				
SESMAN, MARIA 2162 ROXBURY ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)		,
AVON PARK FL 33825			83	1			
	,		84	City		85 Zip	Code
				1	F	L I I '	
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.							
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE .	Signature, typed or printed name of registered so	ent and tille if applicable. (NOT	E: Registered Ad	ent signature	prequired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition
NAME	SESMAN, MARIA		1.2 NAME				
STREET ADDRESS	2162 ROXBURY RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	AVON PARK FL		1.4 CITY-	ST-ZIP			
TITLE	VP DELETE		2.1 TITLE			☐ Change	Addition
NAME	GERHART, ANDREW		2.2 NAME				
STREET ADDRESS	7724 GRANDA RD		- 1	T ADDRESS			ţ
CITY-ST-ZIP	SEBRING FL	DELETE	2.4 CITY-	ST-ZIP		Change	☐ Addition
TITLE		[] Vetere	3.1 TITLE	ļ		C Citaligo	L Addition
NAME STREET ADDRESS	MADER, ELIZABETH 7600 HONEYSUCKLE DRIVE		3.2 NAME	T ADDRESS			
	SEBRING FL 33870		3.4. CITY-				Ī
CITY-ST-ZIP TITLE	D D	DELETE	4.1 TITLE	31-ZIF		Change	Addition
NAME	LEHMAN, LEON	<u></u> 01	4. 2 NAME	. }			
STREET ADDRESS	516 LEXINGTON DRIVE			T ADDRESS			
CITY-ST-ZIP	SEBRING FL 33870		4.4 CITY-				1
TITLE	D	DELETE 5.1		<u>,</u>		Change	Addition
NAME	HISAM, ERNEST		5.2 NAME				
STREET ADDRESS	101 THRUSH AVE		•	ADDRESS			i
CITY-ST-ZIP	SEBRING FL		5.4 CITY-	i			
TITLE	D	DELETE 6.1				Change	Addition
NAME	REINHARDT, HARRY		6.2 NAME		JOHN SCHUMACHER		
STREET ADDRESS	13 W. ORANGE STREET		6.3 STREET	r address	3232 MAYFAIR AVE.		1
CITY-ST-ZIP	AVON PARK FL		64 CITY-5		SEBRING, FLORIDA 33872		1

14. 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 annual report or suppliemental 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 Resman 1 CHIEFE

3-1-98

941-453-2887

FILED

Mar 09 1998 8:00am

Secretary of State