


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90267 002 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N92000000748</b>					
1. Corporation Name <b>HEARTLAND GERMAN-AMERICAN SOCIETY, INC.</b>					
Principal Place of Business 2162 ROXBURY ROAD AVON PARK FL 33825			Mailing Address 2162 ROXBURY ROAD AVON PARK FL 33825		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/10/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0382921	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SESMAN, MARIA 2162 ROXBURY ROAD AVON PARK FL 33825			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		

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

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	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERHART, ANDREW			2.2 NAME	LEON LEHMANN		
STREET ADDRESS	7724 GRANDA RD			2.3 STREET ADDRESS	516 LEXINGTON DR.		
CITY-ST-ZIP	SEBRING FL			2.4 CITY-ST-ZIP	SEBRING, FL. 33870		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADER, ELIZABETH			3.2 NAME	JOHN SCHUMACHER		
STREET ADDRESS	7600 HONEYSUCKLE DRIVE			3.3 STREET ADDRESS	3232 MAYFAIR AVE.		
CITY-ST-ZIP	SEBRING FL 33870			3.4 CITY-ST-ZIP	SEBRING, FL. 33872	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEHMAN, LEON			4.2 NAME	ANDREW GERHART		
STREET ADDRESS	516 LEXINGTON DRIVE			4.3 STREET ADDRESS	7724 GRANDA RD		
CITY-ST-ZIP	SEBRING FL 33870			4.4 CITY-ST-ZIP	SEBRING, FL. 33870	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE		6.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REINHARDT, HARRY			6.2 NAME	OSCAR WELZ		
STREET ADDRESS	13 W. ORANGE STREET			6.3 STREET ADDRESS	28 LIANE RD.W.		
CITY-ST-ZIP	AVON PARK FL			6.4 CITY-ST-ZIP	LAKE PLACID, FL 33852		

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 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, with all other like empowered.

SIGNATURE: Maria S. Seaman SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99

Date

941-453-3887

Daytime Phone #

CR2E037 (11/98)