2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State
08-11-2005 90005 002 ****61.25

50061150

DOCUMENT # N92000000927

1. Entity Name
OSCEOLA GERMAN/AMERICAN CLUB, INC.

Principal Place of Business	Mailing Address
4185 STORY RD SAINT CLOUD, FL 34772 US	PO BOX 702127 ST. CLOUD, FL 34772

06152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2722 13th St	PO Box
Suite, Apt. #, etc.	702127
City & State: St Cloud Fl	City & State
Zip: 34769 County: Osceola USA	Zip: 34770 Country: Osceola

4. FEI Number 59-3179887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RAYZOR, WALTRUD~~ ~~4185 STORY RD~~ ~~SAINT CLOUD, FL 34772~~ KARL Theobald 2722 13th St St Cloud FL 34769	Name: Karl Theobald Street Address (P.O. Box Number is Not Acceptable): 2722 13th St City: St Cloud FL Zip Code: 34769

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAYZOR, TRAUDI 4185 STORY ROAD SAINT CLOUD, FL 34772 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KARL THEOBALD 1828 Edison Dr St Cloud Fl 34771 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUSGHEINSKY, ANNA 102 BEAR LAKE COURT KISSIMMEE, FL 34743 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANA RUSGHEINSKY 102 BEAR LAKE COURT KISSIMMEE FL 34743 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SNYDER, PATRICIA P.O. BOX 420221 KISSIMMEE, FL 34743 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sally Cabay 507 Alabama Ave St Cloud FL 34769 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T URBAN, ANDY 2010 RUNNINGHORSE TRAIL SAINT CLOUD, FL 34771 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	URBAN, ANDY 2010 RUNNINGhorse Trail St Cloud Fl 34769 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATY, RICHARD 95 W CEDARWOOD CIRCLE KISSIMMEE, FL 34744 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THEOBALD, KARL 1828 EDISON DR SAINT CLOUD, FL 34771 ☐ 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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____ 8-8-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #