


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # N92000000927 1. Entity Name OSCEOLA GERMAN/AMERICAN CLUB, INC.	
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Principal Place of Business 131 E. 13TH STR. SAINT CLOUD, FL 34769 US	Mailing Address P.O. BOX 702127 SAINT CLOUD, FL 34770-2127 US
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01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3179887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THEOBALD, KARL 131 E. 13TH STR SAINT CLOUD, FL 34769	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>
DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUSCHEINSKY, ANNA 102 BEAR LAKE COURT KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUSHING, KAY 2395 WINDWARD LN KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T URBAN, ANDY P 2010 RUNNING HORSE TRAIL ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THEOBALD, KARL 2425 CRANE CT SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000794940
01/28/08-80028-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/21/08 407 957-0244 <small>Date Daytime Phone #</small>