FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:17

DOCUMENT # N93000000494 (5)

1. Corporation Name
GERMAN AMERICAN SOCIETY OF CENTRAL FLORIDA LADIE S AUXILIARY, INC.

Principal Place of Business	Mailing Address
381 ORANGE LANE CASSELBERRY FL 32707	381 ORANGE LANE CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3243228 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KELLEY, ILSE
381 ORANGE LANE
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: Joan Perdreaux (P)
82 Street Address (P.O. Box Number is Not Acceptable): 381 Orange Lane
83
84 City: Casselberry FL 85 Zip Code: 32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: JOAN PERDREAUX Joan Perdreaux 5-27-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KELLEY, ILSE (VP)	12 NAME	
STREET ADDRESS	509 TEAKWOOD DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RUDY, HILDE (T)	22 NAME	
STREET ADDRESS	650 ELGROVE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, JACQUELINE (S)	32 NAME	
STREET ADDRESS	1310 BARTON STREET	33 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	34 CITY-ST-ZIP	
TITLE	Joan Perdreaux (P)	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS	825 Mill Race Point	43 STREET ADDRESS	
CITY-ST-ZIP	Longwood, Fl 32750	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	REMITTED BY MAY 1
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Hilde Rudy Treasurer 4-29-95 407/574-2437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0030709