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 APR 14 AM 9:40

DOCUMENT # **N93000004269 (7)**

1. Corporation Name

GERMAN AMERICAN COMMERCE AND CULTURE SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
5401 SOUTH KIRKMAN ROAD SUITE 500 ORLANDO FL 32819	5401 SOUTH KIRKMAN ROAD SUITE 500 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 12/05/1994
4. FEI Number: 59-3202761 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LANE, PAUL C
5401 S. KIRKMAN ROAD
SUITE 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent

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 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 Paul Camp Lane 4/12/95
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	VD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	FRENKEL, BONNIE I	1.2 NAME	GEITNER, Clement	
STREET ADDRESS	623 BURKE STREET	1.3 STREET ADDRESS	200 S. Orange Avenue	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LANE, PAUL C	2.2 NAME	WOLFF, Peter	
STREET ADDRESS	5401 S. KIRKMAN RD., #500	2.3 STREET ADDRESS	400 Rhinehart Road	
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	PD	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ORTNER, DEANNA L	3.2 NAME	GOINGS, Carol	
STREET ADDRESS	700 LIVE OAK STREET	3.3 STREET ADDRESS	5163 Fairway Oaks Drive	
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	Windermere, FL 34786	
TITLE	D	4.1 TITLE	T	☐ Change ☒ Addition
NAME	REBMAN, ROGER	4.2 NAME	SCHORER, Wolfgang	
STREET ADDRESS	500 WINDERLEY PLACE, #124	4.3 STREET ADDRESS	7491 Conroy Windermere Rd., Suite K	
CITY-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	DECKER, NANCY	5.2 NAME		
STREET ADDRESS	ROLLINS COLLEGE, CAMPUS BOX 2702	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789-4499	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIGGS, ERIKA	6.2 NAME		
STREET ADDRESS	3517 TENNESSEE TERRACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806	6.4 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: 4/12/95 (407) 363-4821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul Camp Lane, Director, Vice President

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