

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

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SUITE 500
ORLANDO FL 32819**

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

04/14/1995

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**

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **PD** ☐ DELETE
NAME **FRENKEL, BONNIE I**
STREET ADDRESS **623 BURKE STREET**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SAME**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **LANE, PAUL C**
STREET ADDRESS **5401 S. KIRKMAN RD., #500**
CITY-ST-ZIP **ORLANDO FL 32819**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **ORTNER, DEANNA L**
STREET ADDRESS **700 LIVE OAK STREET**
CITY-ST-ZIP **MAITLAND FL 32751**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **SAME**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **REBMAN, ROGER**
STREET ADDRESS **500 WINDERLEY PLACE, #124**
CITY-ST-ZIP **MAITLAND FL 32751**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **CAROL GOINGS**
4.3 STREET ADDRESS **5763 FAIRWAY OAKS Drive**
4.4 CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **VD** ☒ DELETE
NAME **DECKER, NANCY**
STREET ADDRESS **ROLLINS COLLEGE, CAMPUS BOX 2702**
CITY-ST-ZIP **WINTER PARK FL 32789-4499**

5.1 TITLE **VD** ☐ Change ☒ Addition
5.2 NAME **Patrick Baumann**
5.3 STREET ADDRESS **200 S. Orange Ave. 9th Floor**
5.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☒ DELETE
NAME **GRIGGS, ERIKA**
STREET ADDRESS **3517 TENNESSEE TERRACE**
CITY-ST-ZIP **ORLANDO FL 32806**

6.1 TITLE **V** ☐ Change ☒ Addition
6.2 NAME **Hans-Werner Korten**
6.3 STREET ADDRESS **341 Brantley Club Place**
6.4 CITY-ST-ZIP **Longwood, FL 32779**

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)(k) 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: **Paul Camp Lane** Paul Camp Lane Director 3-15-97 1107/363-4821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)