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FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32819-7911**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
09/22/1993

3a. Date of Last Report
03/20/1996

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

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**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

TITLE **D** ☐ DELETE
NAME **GOINGS, CAROL**
STREET ADDRESS **5763 FAIRWAY OAKS DRIVE**
CITY-ST-ZIP **WINDERMERE FL**

4.1 TITLE **V ONLY** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **BAUMANN, PATRICK**
STREET ADDRESS **200 SOUTH ORANGE AVENUE 9TH FLOOR**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE **V ONLY** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE ☒
NAME **HANS-WERNER, KORTEN**
STREET ADDRESS **341 BRANTLEY CLUB PLACE**
CITY-ST-ZIP **LONGWOOD FL**

6.1 TITLE **V D** ☐ Change ☒ Addition
6.2 NAME **Wolfgang Schorer**
6.3 STREET ADDRESS **6130 Edgewater Drive Unit F**
6.4 CITY-ST-ZIP **Orlando, FL 32810**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

4-14-97 (107)363-4821

CR2E037 (9/96)