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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005068

1. Corporation Name
GERMAN AMERICAN SOCIAL CLUB OF NEW PORT RICHEY, INC.

Principal Place of Business 3852 PRIME PL COLONIAL HILLS CIVIC NEW PORT RICHEY FL 34652 US	Mailing Address 11343 TOPAZ STREET SPRING HILL FL 34608-2168
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date incorporated or Qualified 09/08/1997 4. FEI Number 59-3473726 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	30 Country PASCO
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9. Name and Address of Current Registered Agent SCHLEIDT, CHRISTOPHER E 11343 TOPAZ STREET SPRING HILL FL 34608-2168	10. Name and Address of New Registered Agent 81 Name SCHLEIDT, CHRISTOPHER E. 82 Street Address (P.O. Box Number is Not Acceptable) 4224 AVANTI CIRCLE 83 84 City NEW PORT RICHEY FL 85 Zip Code 34655
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEIDT, CHRISTOPHER E	1.2 NAME	SCHLEIDT, CHRISTOPHER E.
STREET ADDRESS	11343 TOPAZ STREET	1.3 STREET ADDRESS	4224 AVANTI CIRCLE
CITY-ST-ZIP	SPRING HILL FL 34608-2168	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655-1766
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNKIMAT, EDITH M	2.2 NAME	SUNKIMAT, EDITH M.
STREET ADDRESS	11343 TOPAZ STREET	2.3 STREET ADDRESS	4224 AVANTI CIRCLE
CITY-ST-ZIP	SPRING HILL FL 34608-2168	2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655-1766
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATZINGER, LUDWIG	3.2 NAME	MCKNIGHT, HOWARD
STREET ADDRESS	8303 VALLEY STREAM LANE	3.3 STREET ADDRESS	3847 THORNBUSH LANE
CITY-ST-ZIP	BAYONET POINT FL 34687	3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASEL, HERBERT	4.2 NAME	MCKNIGHT, EMMI
STREET ADDRESS	3505 TARPON WOODS BLVD. (0-405)	4.3 STREET ADDRESS	3847 THORNBUSH LANE
CITY-ST-ZIP	PALM HARBOR FL 34685	4.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKMANS, ANNEMARIE	5.2 NAME	
STREET ADDRESS	5567 SEAFORREST DR C-125	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKNIGHT, HOWARD	6.2 NAME	
STREET ADDRESS	3847 THORNBUSH LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: CHRISTOPHER E. SCHLEIDT 727-375-5701
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)