

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90003 032 ****61.25

DOCUMENT # N97000005068

1. Entity Name

**GERMAN AMERICAN SOCIAL CLUB OF NEW PORT
RICHEY, INC.**



Principal Place of Business

Mailing Address

**3852 PRIME PL
COLONIAL HILLS CIVIC
NEW PORT RICHEY FL 34652
US**

**34 DEER TRAIL COURT
SAFETY HARBOR FL 34690**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3473726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIARNO-SIEGFRIED K
34 DEER TRAIL COURT
SAFETY HARBOR FL 34690**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ZIARNO, SIEGFRIED K
STREET ADDRESS 34 DEER TRAIL COURT
CITY-ST-ZIP SAFETY HARBOR FL 34695-4638

TITLE 1st Vice President ☐ Change ☒ Addition
NAME Karin Hellmann
STREET ADDRESS 9341 Creekside Court
CITY-ST-ZIP Hudson Fl. 34667

TITLE VPD ☐ Delete
NAME WATZINGER, LUDWIG
STREET ADDRESS 8303 VALLEY STREAM LANE
CITY-ST-ZIP BAYONET POINT FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GOETZ, ELEANOR
STREET ADDRESS 7001 PIN CHERRY LN
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME AKMANS, ANNEMARIE
STREET ADDRESS 5567 SEAFORST DR C-125
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MULLER, EDWARD
STREET ADDRESS 4802 PORTLAND MANOR DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karin Hellmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-04

Date

Daytime Phone #