


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90530 036 ****61.25

DOCUMENT # N97000005068					
1. Entity 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 34 DEER TRAIL COURT SAFETY HARBOR, FL 34690		
2. Principal Place of Business		3. Mailing Address P.O. Box 894			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Port Richey		4. FEI Number 59-3473726	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34673		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZIARNO, SIEGFRIED K 34 DEER TRAIL COURT SAFETY HARBOR, FL 34690			7. Name and Address of New Registered Agent Name <u>Karin Hellmann</u> Street Address (P.O. Box Number is Not Acceptable) <u>11325 Golf Round Drive</u> City <u>New Port Richey</u> FL Zip Code <u>34655</u>		
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 <u>Karin Hellmann</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	NAME ZIARNO, SIEGFRIED K	<input type="checkbox"/> Delete	TITLE SD	NAME Martha Hobbs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 34 DEER TRAIL COURT	CITY-ST-ZIP SAFETY HARBOR, FL 346954638		STREET ADDRESS 3852 Prime Place	CITY-ST-ZIP New Port Richey, FL 34652	
TITLE VPD	NAME WATZINGER, LUDWIG	<input type="checkbox"/> Delete	TITLE SD	NAME Christine Telro	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8303 VALLEY STREAM LANE	CITY-ST-ZIP BAYONET POINT, FL 34667		STREET ADDRESS 3852 Prime Place	CITY-ST-ZIP New Port Richey, FL 34652	
TITLE SD	NAME GOETZ, ELEANOR	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7001 PIN CHERRY LN	CITY-ST-ZIP NEW PORT RICHEY, FL 34655		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME AKMANS, ANNEMARIE	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5567 SEAFORREST DR C-125	CITY-ST-ZIP NEW PORT RICHEY, FL 34652		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME MULLER, EDWARD	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4802 PORTLAND MANOR DRIVE	CITY-ST-ZIP NEW PORT RICHEY, FL 34655		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME HELLMANN, KARIN	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9341 CREEKSIDE CT	CITY-ST-ZIP HUDSON, FL 34667		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: <u>Karin Hellmann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/30/05</u> Daytime Phone # <u>727-863-8368</u>		