

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90148 044 ****61.25

DOCUMENT # N97000005068

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



40046257

Principal Place of Business
**3852 PRIME PL
COLONIAL HILLS CIVIC
NEW PORT RICHEY, FL 34652 US**

Mailing Address
**P.O. BOX 894
PORT RICHEY, FL 34673**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3473726

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HELLMANN, KARIN
11325 GOLF ROUND DR.
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code
34654

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

Karin U. Hellmann

3/12/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE PD ☐ Delete
NAME MAYETTE, HELGA
STREET ADDRESS 18037 BAYWOOD FOREST DR
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 SD ☐ Delete
NAME GOETZ, ELEANOR
STREET ADDRESS 7001 PIN CHERRY LN
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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

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

TITLE PD ☐ Delete
NAME HELLMANN, KARIN
STREET ADDRESS 9341 CREEKSIDE CT
CITY-ST-ZIP HUDSON, FL 34667

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD ☐ Change ☒ Addition
NAME Inge, Lac
STREET ADDRESS 13643 Pimberton Drive
CITY-ST-ZIP HUDSON, FL 34668

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8413 Pebble Drive
CITY-ST-ZIP Port Richey, FL 34668

TITLE TD ☐ Change ☒ Addition
NAME Young, Inge
STREET ADDRESS 7701 Rosewood Drive
CITY-ST-ZIP Port Richey, FL 34668

TITLE SD ☐ Change ☒ Addition
NAME Tetro Christine
STREET ADDRESS 1646 Cockelshell Drive
CITY-ST-ZIP Holiday, FL 34690

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11325 Golf Round Drive
CITY-ST-ZIP New Port Richey, FL 34654

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 U. Hellmann

3/12/07

727-856-5447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #