

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000005068

FILED
Oct 16, 2009
Secretary of State

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

Current Principal Place of Business:

4616 DARLINGTON RD
HOLIDAY, FL 34692 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 894
PORT RICHEY, FL 34673 US

New Mailing Address:

FEI Number: 59-3473726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: HELLMANN KARIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MAYETTE, HELGA
Address: 18037 BAYWOOD FOREST DR
City-St-Zip: HUDSON, FL 34667

Title: VPD () Delete
Name: WATZINGER, LUDWIG
Address: 8303 VALLEY STREAM LANE
City-St-Zip: BAYONET POINT, FL 34667

Title: SD () Delete
Name: GOETZ, ELEANOR
Address: 8413 PEBBLE DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: SD () Delete
Name: TETRO, CHRISTINE
Address: 1646 COCKELSHILL DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: TD () Delete
Name: YOUNG, INGE
Address: 7701 ROSEWOOD DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: PD () Delete
Name: HELLMANN, KARIN
Address: 11325 GOLF ROUND DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOUNG INGE

TREA

10/16/2009

Electronic Signature of Signing Officer or Director

Date