


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000005374	
1. Entity Name GERMAN AMERICAN CLUB OF SPRING-HILL, INC.	

Principal Place of Business 13400 MONTOUR ST BROOKSVILLE, FL 34613	Mailing Address P.O. BOX 5341 SPRING HILL, FL 34611
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**HEISE, HERBERT
6126 KRISTA DR.
SPRING HILL, FL 34609**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE VP	NAME JOST, EDWARD
STREET ADDRESS 5366 PATRICIA PLACE	CITY-ST-ZIP SPRING HILL, FL 34607
TITLE PD	NAME HORSTMANN, KLAUS
STREET ADDRESS 18741 PARADE ROAD	CITY-ST-ZIP HUDSON, FL 34667
TITLE TD	NAME HEISE, HERBERT
STREET ADDRESS 6126 KRISTA DR.	CITY-ST-ZIP SPRING HILL, FL 34609
TITLE SD	NAME VAN DYKEN, EDWARD
STREET ADDRESS 475 SAVOY CT.	CITY-ST-ZIP SPRING HILL, FL 34606
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/10/07-80046-017 61.25

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: H. Heise **HERBERT HEISE** 1/5/07 352-683-4012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #