


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90090 042 \*\*\*\*61.25

<b>DOCUMENT # N97000005374</b> 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
--	---

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP CR2E037 (4/06)

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

6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

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

**DO NOT WRITE  
IN THIS SPACE**

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 817, 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 1/8/08 352-683-4012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #