

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705091

**Entity Name:** GERMAN-AMERICAN SOCIETY OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**GERMAN AMERICAN SOCIETY  
381 ORANGE LANE  
CASSELBERRY, FL 32707-3246**Current Mailing Address:**GERMAN AMERICAN SOCIETY  
381 ORANGE LANE  
CASSELBERRY, FL 32707-3246 US**FEI Number:** 59-1024566**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MYERS, CHRIS  
381 ORANGE LANE  
CASSELBERRY, FL 32707 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name NGUYEN, VAN-TAM  
Address 121 CULVER RD  
City-State-Zip: ORLANDO FL 32825

Title P  
Name KAGER, MICHELLE  
Address P O BOX 1201  
City-State-Zip: ZELLWOOD FL 32798

Title VP  
Name MULLIS, ED  
Address 794 BATES COURT  
City-State-Zip: CASSELBERRY FL 32707

Title VP  
Name STALLARD, CHRISTA  
Address 8605 PORT SAID CT.  
City-State-Zip: ORLANDO FL 32817

Title T  
Name BERNHARDT, THOMAS  
Address 103 MARKHAM CRT  
City-State-Zip: LONGWOOD FL 32779

Title S  
Name MYERS, CHRIS  
Address 806 RIVERBEND BLVD  
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR  
Name IRWIN, MINDY  
Address 325 SABAL PARK PL  
#105  
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR  
Name GLOSS, DON  
Address 323 LAKE BREEZE CIRCLE  
City-State-Zip: LAKE MARY FL 32746

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHRIS MYERS**SECRETARY****01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	PETERSEN, BRADLEY
Address	1841 VIA TUSCANY
City-State-Zip:	WINTER PARK FL 32789