2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2017
Secretary of State
CC1949349174

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

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

Title	DIRECTOR
Name	GRAUDS, ALDIS
Address	1424 SPALDING RD
City-State-Zip:	WINTER SPRINGS FL 32708

Title	TREASURER
Name	BEHNKE, SEBASTIAN
Address	408 EAST ST
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	VP
Name	STOVER, ROBERT
Address	13961 MYRTLEWOOD DR
City-State-Zip:	ORLANDO FL 32832

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

Title	VP
Name	BOND, BILL
Address	7303 ANSTEAD CT
City-State-Zip:	ORLANDO FL 32810

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 03/29/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MORRIS, WILLIAM
Address	8440 DIMARE DR
City-State-Zip:	ORLANDO FL 32822