

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005068

Entity Name: GERMAN AMERICAN SOCIAL CLUB OF NEW PORT RICHEY, INC.**FILED**
Mar 20, 2013
Secretary of State
CC3734937416**Current Principal Place of Business:**4616 DARLINGTON RD
HOLIDAY, FL 34692**Current Mailing Address:**8116 AUGUSTA BLVD
HUDSON, FL 34667 US**FEI Number: 59-3473726****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HELLMANN, KARIN PRES.
8116 AUGUSTA BLVD
HUDSON,, FL 34667 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	VP
Name	GANDARA, BRIGITTE
Address	7401 SANDALWOOD DR
City-State-Zip:	PORT RICHEY FL 34668

Title	VPD
Name	WATZINGER, LUDWIG
Address	8303 VALLEY STREAM LANE
City-State-Zip:	BAYONET POINT FL 34667

Title	SD
Name	BENOIT, ALICE
Address	11033 KEENE STREET
City-State-Zip:	SPRING HILL FL 34608

Title	MSD
Name	BARBARA, HOSPEL B
Address	19339 EVERTON PL
City-State-Zip:	LAND O LAKES FL 34638

Title	TD.
Name	AKMANS, ANNEMARIE
Address	6340 GARLAND CT
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	PD
Name	HELLMANN, KARIN
Address	8117 AUGUSTA BLVD
City-State-Zip:	HUDSON FL 34667

Title	ASST. SECRETARY, (SOCIAL)
Name	LAC , INGE
Address	13634 PIMPERTON DR
City-State-Zip:	HUDSON FL 34669

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: KARIN HELLMANN**PRESIDENT****03/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date