

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:53

DOCUMENT # **N26944 (1)**

1. Corporation Name
PALM BEACH COUNTY FOLK CLUB, INC.

Principal Place of Business Mailing Address
C/O BARI LITSCHAUER AL JOHNSON C/O BARI LITSCHAUER AL JOHNSON
PO BOX 16952 PO BOX 16952
WEST PALM BCH FL 33416 WEST PALM BCH FL 33416
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/14/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0149937** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
LITSCHAUER, BARI
967 PATRICK DR.
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent
81 Name **AL JOHNSON**
82 Street Address (P.O. Box Number is Not Acceptable) **13853 SHEFFIELD COURT**
83
84 City **WEST PALM BEACH** FL 85 Zip Code **33414**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *AL JOHNSON* President DATE **06/27/95**

12. OFFICERS AND DIRECTORS
TITLE PD
NAME LITSCHAUER, BARI
STREET ADDRESS 967 PATRICK DR.
CITY-ST-ZIP WEST PALM BEACH FL
TITLE VD
NAME GAUTHIER, MARTIN
STREET ADDRESS 2552 BAHIA RD.
CITY-ST-ZIP WEST PALM BCH. FL
TITLE SD
NAME MERCER-STUMP, SANDY
STREET ADDRESS 5815 ELDER DR.
CITY-ST-ZIP WEST PALM BEACH FL
TITLE TD
NAME LEEDS, LINDA
STREET ADDRESS 913 SUMTER ROAD EAST
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PRESIDENT** Change Addition
1.2 NAME **AL JOHNSON**
1.3 STREET ADDRESS **13853 SHEFFIELD CT.**
1.4 CITY-ST-ZIP **WPB FL 33415**
2.1 TITLE **VD** Change Addition
2.2 NAME **MARTIN GAUTHIER** SAME
2.3 STREET ADDRESS **2552 BAHIA RD.**
2.4 CITY-ST-ZIP **WPB FL 33406**
3.1 TITLE **SECRETARY** Change Addition
3.2 NAME **VERNIE HARDWICKE**
3.3 STREET ADDRESS **2344 PINWOOD LANE**
3.4 CITY-ST-ZIP **WPB FL 33415**
4.1 TITLE **VD** Change Addition
4.2 NAME **LINDA LEEDS** SAME
4.3 STREET ADDRESS **913 SUMTER RD EAST**
4.4 CITY-ST-ZIP **WPB FL 33415**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda M. Leeds* DATE **6/12/95** 407/683-2851