FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26944 (1)

PALM BEACH COUNTY FOLK CLUB, INC.

PALM BEACH COUNTY FOLK CLUB, INC.						
incipal Place of	Business	Mailing Address				
AL JOHNSON		AL JOHNSON				
PO BOX 16952 WEST PALM BCH FL 33416 US		PO BOX 16952 WEST PALM BCH FL 334	116			
		US		<ol> <li>Date Incorporated or Qualified 06/14/1988</li> </ol>	3a. Date of Last Report 07/17/1995	
				4. FEI Number	Applied For	
Principal Place	e of Business	2a. Mailing Address 26 Linciscy	Stab	65-0149937	Not Applicable	
Lindsay Stroh  Suite, Apt. #, etc.		Suite, Apt. #, etc.	31705		\$8.75 Additional	
J		27	0 -	5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Sam		28 5		Trust Fund Contribution  8. This corporation has liability for it	Added to rees	
	<del></del>	Zφ	Country 30	8. This corporation has liability for if	Yes No	
	9. Name and Address of Curre	nt Registered Agent	[30]	10. Name and Address of New R	egistered Agent	
	9. Name and Address of Come		81 Name	IDSAY STRAH		
IOHNSON	I AI		R2 Street	Address (P.O. Box Number is Not Acceptable	le)	
JOHNSON, AL 13853 SHEFFIELD CT			46	16 Brook Drue		
WEST PALM BEHAC FL 33414			83	st Palm Beach		
			84 City		FL 85 3 3467	
				properties submits this statement for the Dul	pose of changing its registered office	
11. Pursuant to	the provisions of Sections 617.050	)2 and 617.1508, Florida Statute rida. Such change was authorize	is, the above named co ad by the corporation s	orporation submits this statement for the pur board of directors. I hereby accept the appr	pintment as registered agent. I am	
familiar with	and accept the obligations of, Sec	ction 617.0503, Florida Statutes.			4-2796	
SIGNATURE	lightation typical or principal name of regulated age	ンかみ	r E. Registered Agent synature	re i anad actien reinstabiliti	DATE	
12 S	ignature typed or printed name of registered ago OFFICERS A	ND DIRECTORS	13.	ACIDITIONS CHANGES TO OFF		
12. Title		<b>₽</b> 0ELETE	1 I TITLE	PD	Change	
NAME	JOHNSON, AL		1.2 NAME	Lindsay Strok & 4696 Brode Brode Brode Brode Brode Brode Brode Brode	•	
STREET ADDRESS	13853 SHEFFIELD CT		1.3 STREET ADDRESS	4696 Brode war	32417	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY - ST - ZIP	West PAIN Beach Fr	Change Addition	
THLE	VD	<b>⊠</b> ©ELETE	2 1 TITLE	VD David Latteur		
MAME	GAUTHIER, MARTIN		2 2 NAME 2 3 STREET ADDRESS	W.S Traslewood Dr. No	375	
STREET ADDRESS	2552 Bahia RD West Palm BCH. Fl		2 4 CiTY+ST-ZIP	Pain Beach gardens F	L 33410	
CITY - ST - ZIP		DEFELE	3 1 TITLE	SD	Change Addition	
TITLE NAME	HARDWICKE, VERNIE		3.2 NAME	AUTH Morgan		
STREET ADDRESS	2344 PINEWOOD LANE		3 3 STREET ADDRESS	414 Philodelphia Dr.		
CITY - ST - ZIP	WEST PALM BEACH FL		3.4 CITY - ST - ZIP	Jupiter 12 33436	Change Addition	
TITLE	TD	DELETE	4 1 TITLE	TO	Containing Containing	
NAME	LEEDS, LINDA		4 2 NAME	- Sine		
STREET ADDRESS	913 SUMTER RD E		4 3 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL	□ DELETE	4 4 CHY-ST-ZIP 5 1 TILLE		Change Addition	
TITLE			5.2 NAME			
NAME			5 3 STREET ADDRESS	5000018	28165	
			5 4 CITY - ST - ZIP	-05/20/9601 ***61.25	U18~-U34	
STREET ADDRESS		DELETE	6 I TITLE	***61.25	Change Addition	
CITY-SI-ZIP TITLE			6.2 NAME		K-10.7	
CITY-SI-ZIP			6 3 STREET ADDRES	S	$\sim 10/2$	
CITY-SI-ZIP THILE			0 3 3 1122 1 113		. 1 / -	
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP			6 4 CITY - ST - ZIP	walify for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further	
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S'-ZIP	by certify that the information supplies the information professed on this a	ed with this filing is voluntarily ful annual report or supplemental an	64 CITY - ST - ZIP rnished and does not c	pualify for the exemption stated in Section 11 accurate and that my signature shall have the	9.07(3)(k), Florida Sklutes. I further ne same legal effect as if made under Florida Statutes; and that my name	
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-S'-ZIP 14. I do hereb cartify tha	it the information indicated on this a	propration or the receiver or trust	64 CITY - ST-ZIP rnished and does not c inual report is true and ae empowered to exe	pualify for the exemption stated in Section 11 accurate and that my signature shall have the total this report as required by Chapter 617,	9.07(3)(k), Florida Sklutes. I further he same legal effect as if made under Florida Statutes; and that my name	
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-S"-ZIP 14. I do hereby cartify tha	it the information indicated on tills a I am an officer or director of the co n Block 12 or Block 13 if changed,	propration or the receiver or trust	64 CITY - ST-ZIP mished and does not c inual report is true and lee empowered to executes.	cute this report as required by Chapter 617,	9.07(3)(K), Florida Sultutes. I further ne same legal effect as if made under Florida Statutes; and that my name  407-683-2851	