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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26944

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

Principal Place of Business SANDRA MARCHMAN 691 SNEAD CIRCLE WEST PALM BCH FL 33413-1250 US	Mailing Address SANDRA MARCHMAN 691 SNEAD CIRCLE WEST PALM BCH FL 33413-1250 US
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2. Principal Place of Business 21 7110 GEORGIA AVE Suite, Apt. #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/14/1988
22	27	4. FEI Number 65-0149937 Applied For <input type="checkbox"/> Not Applicable
23 City & State WEST PALM BEACH	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33405	25 Country P.B.	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MARCHMAN, SANDRA
691 SNEAD CIRCLE
WEST PALM BEACH FL 33413-1250

10. Name and Address of New Registered Agent

81 Name **KALBERT, JOHN S**
 82 Street Address (P.O. Box Number is Not Acceptable)
7110 GEORGIA AVE
 83 ~~WEST PALM BEACH~~
 84 City **WEST PALM** FL 85 Zip Code **33405**

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE *John S. Kalbert* DATE **4/17/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARCHMAN, SANDRA J	
STREET ADDRESS	691 SNEAD CIRCLE	
CITY-ST-ZIP	W. PALM BCH FL 33413	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CARLE, CHARLOTTE	
STREET ADDRESS	7 HARBOUR DRIVE SOUTH	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, JOYCE	
STREET ADDRESS	532 OVERLOOK DRIVE	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VOLK, SUSAN	
STREET ADDRESS	709 TRADEWIND DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	KALBERT, JOHN S		
1.3 STREET ADDRESS	7110 GEORGIA AVE		
1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33405		
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	LEONORA TOMMET, LEONORA		
2.3 STREET ADDRESS	140 WELKINGTON H.		
2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	FEINMAN, HARVEY		
3.3 STREET ADDRESS	3178 VIA POINCIANA DR		
3.4 CITY-ST-ZIP	LAKE WORTH FL 33467		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	DONALD DAWSON		
4.3 STREET ADDRESS	5863 CAYMAN CIRCLE WEST		
4.4 CITY-ST-ZIP	WEST PALM BEACH FL 33407		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *JOHN S. KALBERT* DATE **561-582-7022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0042281

CR2E037 (4-1-98)