

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90036 037 ****61.25

DOCUMENT # N01000000188	
1. Entity Name SARASOTA FOLK CLUB, INC.	

Principal Place of Business 330 PATERSON AVENUE OSPREY, FL 34229	Mailing Address 330 PATERSON AVENUE OSPREY, FL 34229
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-NP CR2E037 (10/03)

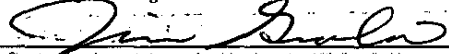
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, THEKLA
5625 EVERGREEN DRIVE
SARASOTA, FL 34233

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Jim Gromko, Pres. 3/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

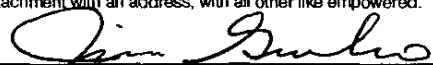
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROMKO, JIM 330 PATTERSON AVE. OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, CURT 620 TANGERINE CT NOKOMIS, FL 34272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINBERG, JIM <i>delete</i> 9771 KNIGHTSBRIDGE CIRCLE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAHN, THEKLA 5625 EVERGREEN DRIVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWITT, JEAN 1625 VEREDA VERDE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, MARGARET 7330 RICHARDSON RD SARASOTA, FL 34240

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Gromko, Jim Pres. 3/11/04 941 966-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #