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	Mailing Address
330 PATERSON AVENUE OSPREY, FL 34229	330 PATERSON AVENUE OSPREY, FL 34229

03032004 No Chg-NP CR2E037 (10/03)

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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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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 Jim Gromko Pres. 3/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GROMKO, JIM
STREET ADDRESS	330 PATTERSON AVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	VD
NAME	CLARK, CURT
STREET ADDRESS	620 TANGERINE CT
CITY-ST-ZIP	NOKOMIS, FL 34272
TITLE	D
NAME	WINBERG, LU delete
STREET ADDRESS	9771 KNIGHTSBRIDGE CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	TD
NAME	KAHN, THEKLA
STREET ADDRESS	5625 EVERGREEN DRIVE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D
NAME	HEWITT, JEAN
STREET ADDRESS	1625 VEREDA VERDE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	SD
NAME	LEWIS, MARGARET
STREET ADDRESS	7330 RICHARDSON RD
CITY-ST-ZIP	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: Jim Gromko Gromko Jim Pres. 3/16/04 941 966-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #