

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90259 025 \*\*\*\*61.25

DOCUMENT # N32831

1. Corporation Name

BROWARD FOLK CLUB, INC.

Principal Place of Business

C/O MARY JO KLINGEL  
420 SE 18TH ST  
FT LAUDERDALE FL 33316

Mailing Address

C/O MARY JO KLINGEL  
420 SE 18TH ST  
FT LAUDERDALE FL 33316



2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

Country

28. Zip

Country

3. Date Incorporated or Qualified

06/15/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KLINGEL, MARY JO  
420 NE 18TH ST  
FT LAUDERDALE 33316

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME KLINGEL, MARY JO  
STREET ADDRESS 1620 NE 5 ST  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE PD  
NAME LOVINGSHIMER, AL  
STREET ADDRESS 2241 S.W. 46TH PLACE, #W  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D  
NAME GREENBERG, ROBBY  
STREET ADDRESS 6857 S.W. 39TH DRIVE  
CITY-ST-ZIP MIRAMAR FL

TITLE TD  
NAME BOWMAN, KENNETH L  
STREET ADDRESS 517 COCONUT ISLE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D  
NAME MESSER, BILL  
STREET ADDRESS 731 N.W. 8TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)