

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90026 036 ****61.25

DOCUMENT # N01000000188					
1. Entity Name SARASOTA FOLK CLUB, INC.					
Principal Place of Business 862 MOHAWK RD VENICE, FL 34293			Mailing Address 330 PATERSON AVENUE OSPREY, FL 34229		
2. Principal Place of Business - No P.O. Box # 5287 Box Turtle Circle		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota FL		City & State		4. FEI Number NOT APPLICABLE	
Zip 34232-4312		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAHN, THEKLA 5625 EVERGREEN DRIVE SARASOTA, FL 34233			7. Name and Address of New Registered Agent Name: Mindy Simmons Street Address (P.O. Box Number is Not Acceptable): 5287 Box Turtle Circle City: Sarasota FL Zip Code: 34232-4312		
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: <u>Thekla Kahn (THEKLA KAHN)</u>					
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME GROMKO, JIM STREET ADDRESS 330 PATTERSON AVE CITY-ST-ZIP OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Dunn, CAROLYN STREET ADDRESS 139 CAMELIA ST. CITY-ST-ZIP NOKOMIS, FL 34275-3865	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME HAWKINS, JAMES STREET ADDRESS 862 MOHAWK RD CITY-ST-ZIP VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		TITLE P NAME Simmons, Mindy STREET ADDRESS 5287 Box Turtle Circle CITY-ST-ZIP Sarasota FL 34232-4312	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME KAHN, THEKLA STREET ADDRESS 5625 EVERGREEN DRIVE CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HEWITT, JEAN STREET ADDRESS 1625 VEREDA VERDE CITY-ST-ZIP SARASOTA, FL 34232	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME LEWIS, MARGARET STREET ADDRESS 7330 RICHARDSON RD CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME Simmons, Mindy STREET ADDRESS 5287 Box Turtle Circle CITY-ST-ZIP Sarasota, FL 34232-4312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Thekla Kahn (THEKLA KAHN)</u>					
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

50001765



03022008 Chg-NP CR2E037 (12/06)

941-377-2501