

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000188

FILED
Mar 23, 2009
Secretary of State

Entity Name: SARASOTA FOLK CLUB, INC.

Current Principal Place of Business:

5287 BOX TURTLE CIRCLE
SARASOTA, FL 342324312

New Principal Place of Business:

Current Mailing Address:

330 PATERSON AVENUE
OSPREY, FL 34229

New Mailing Address:

5287 BOX TURTLE CIRCLE
SARASOTA, FL 342324312

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, MINDY
5287 BOX TURTLE CIRCLE
SARASOTA, FL 342324312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DUNN, CAROLYN
Address: 139 CAMELIA ST.
City-St-Zip: NOKOMIS, FL 342753865

Title: P () Delete
Name: SIMMONS, MINDY
Address: 5287 BOX TURTLE CIRCLE
City-St-Zip: SARASOTA, FL 342324312

Title: TD () Delete
Name: KAHN, THEKLA
Address: 5625 EVERGREEN DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: HEWITT, JEAN
Address: 1625 VEREDA VERDE
City-St-Zip: SARASOTA, FL 34232

Title: SD () Delete
Name: LEWIS, MARGARET
Address: 7330 RICHARDSON RD
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEKLA KAHN

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date