

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15122

FILED
Mar 22, 2009
Secretary of State

Entity Name: THE FOLK CLUB OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

10001 SW 129 TERRACE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

10001 SW 129 TERRACE
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0024202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, BARRY J
10001 SW 129 TERRACE
MIAMI, FL 33176 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/D () Delete
Name: CARACAPPA, VALERIE
Address: 11124 NE 9TH AVE
City-St-Zip: MIAMI, FL 331616705

Title: SD () Delete
Name: AARONSON, DANIEL
Address: 1600 NE 135TH STREET, APT 802
City-St-Zip: NORTH MIAMI, FL 33181

Title: PD () Delete
Name: WHITE, BARRY
Address: 10001 SW 129 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: MATTHEWS, JANE
Address: 21165 HELMSMAN DR. APT. G11
City-St-Zip: AVENTURA, FL 331803511

Title: D () Delete
Name: FOSTER, CAROL
Address: 720 RIO VISTA
City-St-Zip: NORTH MIAMI, FL 33166

Title: D () Delete
Name: RATHBURN, CHARLES H
Address: 14724 SW 83 CT
City-St-Zip: PALMETTO BAY, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: GOLDSTEIN, KAREN
Address: 3341 SW 35 STREET
City-St-Zip: WEST PARK, FL 33023

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: BARRY J WHITE

PD

03/22/2009

Electronic Signature of Signing Officer or Director

Date