

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortland  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N26944** (1)

1. Corporation Name  
**PALM BEACH COUNTY FOLK CLUB, INC.**



Principal Place of Business	Mailing Address
AL JOHNSON PO BOX 16952 WEST PALM BCH FL 33416 US	AL JOHNSON PO BOX 16952 WEST PALM BCH FL 33416 US

3. Date Incorporated or Qualified <b>06/14/1988</b>	3a. Date of Last Report <b>07/17/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>Lindsay Stroh</b>	26 <b>Lindsay Stroh</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>same</b>	28 <b>same</b>
Zip	Zip
24	29
Country	Country
25	30

4. FEI Number <b>65-0149937</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNSON, AL**  
**13853 SHEFFIELD CT**  
**WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81 Name <b>LINDSAY STROH</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4696 Brook Drive</b>
83 <b>West Palm Beach</b>
84 City
FL 85 Zip Code <b>33467</b>

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: **Lindsay Stroh** DATE: **4-27-96**

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, AL</b>
STREET ADDRESS	<b>13853 SHEFFIELD CT</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>GAUTHIER, MARTIN</b>
STREET ADDRESS	<b>2552 BAHIA RD</b>
CITY - ST - ZIP	<b>WEST PALM BCH. FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARDWICKE, VERNIE</b>
STREET ADDRESS	<b>2344 PINWOOD LANE</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>LEEDS, LINDA</b>
STREET ADDRESS	<b>913 SUMTER RD E</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Lindsay Stroh</b>
13 STREET ADDRESS	<b>4696 Brook Drive</b>
14 CITY - ST - ZIP	<b>West Palm Beach FL 33417</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>David Lafleur</b>
23 STREET ADDRESS	<b>4665 Tanglewood Dr. No 375</b>
24 CITY - ST - ZIP	<b>Palm Beach Gardens FL 33410</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Ruth Morgan</b>
33 STREET ADDRESS	<b>414 Philadelphia Dr.</b>
34 CITY - ST - ZIP	<b>Jupiter FL 33458</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>← Same</b>
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	<b>500001828165</b>
54 CITY - ST - ZIP	<b>-05/20/96--01018--034</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>***61.25</b>
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Linda M. Leeds** DATE: **4-27-96** TELEPHONE: **407-683-2851**

CR2E037 (12/95)