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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26944

1. Corporation Name

PALM BEACH COUNTY FOLK CLUB, INC.

Principal Place of Business

SANDRA MARCHMAN
 691 SNEAD CIRCLE
 WEST PALM BCH FL 33413-1250
 US

Mailing Address

SANDRA MARCHMAN
 691 SNEAD CIRCLE
 WEST PALM BCH FL 33413-1250
 US



2. Principal Place of Business

21 7110 GEORGIA AVE

Suite, Apt. #, etc.

22 WEST PALM BEACH

23 WEST PALM BEACH

24 33405 25 PB.

26 Same

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2a. Mailing Address

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Suite, Apt. #, etc.

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3. Date Incorporated or Qualified

06/14/1988

4. FEI Number

65-0149937

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

10. Name and Address of New Registered Agent

81 Name

KALBERT, JOHN S

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

7110 GEORGIA AVE

83

WEST PALM BEACH

84 City

WEST PALM

FL

85 Zip Code

33405

11. Pursuant to the provisions of Sections 617.0602 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 617.0603, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

TITLE PD MARCHMAN, SANDRA J DELETE

NAME

STREET ADDRESS 691 SNEAD CIRCLE

CITY-ST-ZIP W. PALM BCH FL 33413

TITLE VPD CARLE, CHARLOTTE DELETE

NAME

STREET ADDRESS 7 HARBOUR DRIVE SOUTH

CITY-ST-ZIP OCEAN RIDGE FL 33435

TITLE SD ANDERSON, JOYCE DELETE

NAME

STREET ADDRESS 532 OVERLOOK DRIVE

CITY-ST-ZIP N. PALM BEACH FL 33408

TITLE TD VOLK, SUSAN DELETE

NAME

STREET ADDRESS 709 TRADEWIND DRIVE

CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD KALBERT, JOHN S Change Addition

1.2 NAME

1.3 STREET ADDRESS 7110 GEORGIA AVE

1.4 CITY-ST-ZIP WEST PALM BEACH FL 33405

2.1 TITLE VPD LEANORA TOOMEY, LEANORA Change Addition

2.2 NAME

2.3 STREET ADDRESS 140 WELKINGTON H.

2.4 CITY-ST-ZIP WEST PALM BEACH FL 33417

3.1 TITLE SD FEINMAN, HARVEY Change Addition

3.2 NAME

3.3 STREET ADDRESS 3178 VIA POINCIANA DR

3.4 CITY-ST-ZIP LAKE WORTH FL 33467

4.1 TITLE TD DONALD DAWSON Change Addition

4.2 NAME

4.3 STREET ADDRESS 5863 CAYMAN CIRCLE WEST

4.4 CITY-ST-ZIP WEST PALM BEACH FL 33407

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 REQUIRED

JOHNS. KALBERT

561-582-7022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (4-1-98)