


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91020 006 ****70.00

DOCUMENT # N51306 1. Entity Name FOLKLORIC ARTISTS OF THE PALM BEACHES, INC.			
Principal Place of Business 525 5TH TERRACE 9204 Chapman Oak Ct. PALM BEACH GARDENS, FL 33418 US 33410		Mailing Address 525 5TH TERRACE 9204 Chapman Oak Ct. PALM BEACH GARDENS, FL 33418 US 33410	
2. Principal Place of Business 9204 Chapman Oak Ct. Suite, Apt. #, etc. Patio		3. Mailing Address 9204 Chapman Oak Ct. Suite, Apt. #, etc. Patio	
City & State Palm Beach Gardens, Florida Zip 33410		City & State Palm Beach Gardens, Florida Zip 33410	
Country U.S.		Country U.S.	
4. FEI Number 65-0377994		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03222004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent LAPSKER, MARTIN 1201 US HWY 1 SUITE 240-C NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PTD LAPSKER, JOYCE J. 525 5TH TERRACE 9204 Chapman Oak Ct. PALM BCH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAUSMAN, SHAREN 395 SILVERTHORNE POINT NE LAWRENCEVILLE, GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENNIS, NANCY 303 OLD MEADOW WAY PALM BEACH GARDENS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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: <i>Joyce Lapsker, Director</i>		Date 4/27/04 (561) 627-0785 <small>Daytime Phone #</small>	

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