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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:54

DOCUMENT # **735333** **(7)**

1. Corporation Name

THE EASY DOES IT CLUB OF PORT CHARLOTTE, INC.

Principal Place of Business	Mailing Address
3642 E TAMIAMI TRAIL PT CHARLOTTE FL 33952	3642 E TAMIAMI TRAIL PT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1976
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0043245 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLARKE, MARC
18451 BURKHOLDER
PT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 16-4-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE *	P	11 TITLE	PRES P ☒ Change ☐ Addition
NAME *	CLARK, MARC A	12 NAME	FINNERTY, BRIAN
STREET ADDRESS	18454 BURKHOLDER	13 STREET ADDRESS	22539 QUASAR
CITY-ST-ZIP	PT CHARLOTTE FL	14 CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	VP	21 TITLE	VP VP ☒ Change ☐ Addition
NAME	FINNERTY, BRIAN	22 NAME	FURROW, MARION
STREET ADDRESS	22593 QUASAR BLVD	23 STREET ADDRESS	171 DARTMOUTH DR
CITY-ST-ZIP	PORT CHARLOTTE FL	24 CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BISCHOFF, WALLACE	32 NAME	S
STREET ADDRESS	119 ARLINGTON CT	33 STREET ADDRESS	NO CHANGE
CITY-ST-ZIP	PORT CHARLOTTE FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	T ☒ Change ☐ Addition
NAME	HALL, ROBERT R	42 NAME	CLARKE, MARC A
STREET ADDRESS	6400 TAYLOR RD #151	43 STREET ADDRESS	18454 BURKHOLDER
CITY-ST-ZIP	PUNTA GORDA FL	44 CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	RIEGWEN, ANKE	52 NAME	SCHMIDT, MARGUERITE
STREET ADDRESS	200 DELEON DR	53 STREET ADDRESS	2134 DERBY ST
CITY-ST-ZIP	CHARLOTTE HARBOR FL	54 CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	FURROW, MARION	62 NAME	BETHIFFE, JOHN
STREET ADDRESS	171 DARTMOUTH DR	63 STREET ADDRESS	114 MEEHAN NW
CITY-ST-ZIP	PT CHARLOTTE FL	64 CITY-ST-ZIP	PT CHARLOTTE FL

PERMITTED BY MARKED

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)(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.

SIGNATURE: [signature] SECY 16/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

629 0110

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