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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 735333 (7)

1. Corporation Name

THE EASY DOES IT CLUB OF PORT CHARLOTTE, INC.

600001894226
-05/22/96--01033--005
***70.00

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

3. Date Incorporated or Qualified: 03/18/1976
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 21202 OLEAN BLVD.	26 21202 OLEAN BLVD.
Suite, Apt. #, etc. 22 SUITE 5	Suite, Apt. #, etc. 27 SUITE 5
City & State 23 PORT CHARLOTTE, FLORIDA	City & State 28 PORT CHARLOTTE, FL.
Zip / Country 24 33952 / 25 USA	Zip / Country 29 33952 / 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARKE, MARC
18451 BURKHOLDER
PT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name: FINNERTY, BRIAN
82 Street Address (P.O. Box Number is Not Acceptable): 11361 WILMINGTON BLVD.
83 PORT CHARLOTTE, FLORIDA 33981
84 City: FL 85 Zip Code

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: President 5-4-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FINNERTY, BRIAN 22539 QUASAR BLVD. PT CHARLOTTE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P FINNERTY, BRIAN 11361 WILMINGTON BLVD. PT. CHARLOTTE, FLORIDA 33981 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FURROW, MARION 171 DARTMOUTH DR. PORT CHARLOTTE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DONOVAN, ED 5485 DAVID BLVD. PORT CHARLOTTE, FL. 33981 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BISCHOFF, WALLACE 119 ARLINGTON CT PORT CHARLOTTE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ TREASURER SETLIFFE, JOHN W. 114 N.W. MEEHAN AVE. PORT CHARLOTTE, FLORIDA 33981 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLARKE, MARC A. 18454 BURKHOLDER PUNTA GORDA FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SECRETARY CAPECE, FRANK 21 TROPICANA DR. PUNTA, GORDA, FLORIDA 33950 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHMIDT, MARGUERITE 2134 ZERBY ST. PT. CHARLOTTE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SETLIFFE, JOHN 114 MEEHAN NW PT CHARLOTTE FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D LUPTON, JOSEPH 569 HIBISCUS ROAD HARBOUR HEIGHTS, FLORIDA 33983 ☐ Change ☒ Addition

CR2E037 (12/95)

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: _____ 5-22-96 9416290110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #