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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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.

Principal Place of Business	Mailing Address
21202 OLEAN BLVD. SUITE 5 PT CHARLOTTE FL 33952	21202 OLEAN BLVD. SUITE 5 PT CHARLOTTE FL 33952-6751

3. Date Incorporated or Qualified: 03/18/1976
3a. Date of Last Report: 05/01/1996

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

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

FINNERTY, BRIAN
11361 WILMINGTON BLVD.
PT CHARLOTTE FL 33981

10. Name and Address of New Registered Agent

81 Name: TOM KRAUSE
82 Street Address (P.O. Box Number is Not Acceptable): 4244 JOSEPH ST
83:
84 City: PORT CHARLOTTE FL **FL** 85 Zip Code: 33981

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: TOM KRAUSE — DATE: 4-29-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☐ Change ☐ Addition
NAME	FINNERTY, BRIAN	1.2 NAME	TOM KRAUSE
STREET ADDRESS	11361 WILMINGTON BLVD.	1.3 STREET ADDRESS	4244 JOSEPH ST.
CITY-ST-ZIP	PT CHARLOTTE FL 33981	1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	V ☐ DELETE	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	DONOVAN, ED	2.2 NAME	JOSEPH A. LUPTON
STREET ADDRESS	5485 DAVID BLVD.	2.3 STREET ADDRESS	3453 DESOTO DR.
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33983
TITLE	T ☐ DELETE	3.1 TITLE	T ☐ Change ☐ Addition
NAME	SETLIFFE, JOHN W.	3.2 NAME	ART JOHNSON
STREET ADDRESS	114 NW MEEHAN AVE.	3.3 STREET ADDRESS	2340 GRANANDEE
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	S ☐ DELETE	4.1 TITLE	S. ☐ Change ☐ Addition
NAME	CAPECE, FRANK	4.2 NAME	DOLLY ZAWACKI
STREET ADDRESS	21 TROPICANA DR.	4.3 STREET ADDRESS	1229 HARBOR BLVD.
CITY-ST-ZIP	PUNTA GORDA FL 33950	4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D ☐ DELETE	5.1 TITLE	D ☐ Change ☐ Addition
NAME	SCHMIDT, MARGUERITE	5.2 NAME	MARGUERITE SCHMIDT
STREET ADDRESS	2134 ZERBY ST.	5.3 STREET ADDRESS	2134 ZERBY ST.
CITY-ST-ZIP	PT. CHARLOTTE FL	5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	D ☐ DELETE	6.1 TITLE	D ☐ Change ☐ Addition
NAME	LUPTON, JOSEPH	6.2 NAME	BRUCE SCOTT
STREET ADDRESS	569 HIBISCUS RD.	6.3 STREET ADDRESS	3460 LACERNE TERRACE
CITY-ST-ZIP	HARBOR HEIGHTS FL 33983	6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33981

CR2E037 (9/96)

14. I do 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.

SIGNATURE: TOM KRAUSE TOM KRAUSE TITLE: PRESIDENT — 4-29-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0057783