

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000334

Entity Name: TEAM PORT CHARLOTTE, INC.**Current Principal Place of Business:**C/O CULTURAL CENTER
2280 AARON ST. UNIT A ATTN: STEPHEN CARTER
PORT CHARLOTTE, FL 33952**Current Mailing Address:**P.O. BOX 496093
PORT CHARLOTTE, FL 33949-6093 US**FEI Number: 27-4668313****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPBELL, J DAVID EA
405 TAMIAMI TRAIL
PUNTA GORDA, FL 33950 US*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.***SIGNATURE:** J DAVID CAMPBELL EA**04/26/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---|
| Title | PRESIDENT |
| Name | CARTER, STEPHEN |
| Address | C/O CULTURAL CENTER 2280 AARON ST. ATTN: STEPHEN CARTER |
| City-State-Zip: | PORT CHARLOTTE FL 33952 |
| Title | D |
| Name | CANJA, TESS |
| Address | 1166 WINSTON ST |
| City-State-Zip: | PORT CHARLOTTE FL 33952 |

| | |
|-----------------|-------------------------|
| Title | SECRETARY |
| Name | MATHIS, JULIE |
| Address | 2702 TAMIAMI TRAIL |
| City-State-Zip: | PORT CHARLOTTE FL 33952 |
| Title | TREASURER |
| Name | BENJAMIN, JACQUELINE |
| Address | 3002 TAMIAMI TRAIL |
| City-State-Zip: | PORT CHARLOTTE FL 33952 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN CARTER**PRESIDENT****04/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date