

**2016 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. 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**03/21/2016**

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:** JACQUELINE BENJAMIN**TREASURER****03/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date