

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735333

FILED
Apr 01, 2007
Secretary of State

Entity Name: THE EASY DOES IT CLUB OF PORT CHARLOTTE, INC.

Current Principal Place of Business:

23312 HARPER AVE
PT CHARLOTTE, FL 33980

New Principal Place of Business:

23312 HARPER AVE
PORT CHARLOTTE, FL 33980

Current Mailing Address:

23312 HARPER AVE
PT CHARLOTTE, FL 33980

New Mailing Address:

23312 HARPER AVE
PORT CHARLOTTE, FL 33980

FEI Number: 65-0043245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORRIS, JAMES R
23312 HARPER AVE
PT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

NORRIS, JAMES R
23312 HARPER AVE
PORT CHARLOTTE, FL 33980 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: JAMES R NORRIS

04/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: NORRIS, JAMES R
Address: 21481 GIBRALTER DR
City-St-Zip: PT CHARLOTTE, FL 33952

Title: D () Delete
Name: DANIELS, L.A.
Address: 471 FLETCHER
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S () Delete
Name: WEISHAAR, LEE
Address: 21150 GERTUDE AVE.
City-St-Zip: PT CHARLOTTE, FL 33952

Title: P () Delete
Name: LUPTON, JOE
Address: 3453 DE SOTA DR
City-St-Zip: HARBOR HIGHTS, FL 33287

Title: D () Delete
Name: ROBINSON, FRED
Address: 22231 BREEZESWEPT AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: BUNN, FRANK
Address: 21748 EDGEWATER DR
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LUCE, EDWIN
Address: 23236 AVACODA AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BRANSCOME, NORA
Address: 3100 MYRTLE PLACE
City-St-Zip: PUNTA GORDA, FL 33982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KOLDHOFF, BOB
Address: 2157 ARCHILES AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES R NORRIS

RA

04/01/2007

Electronic Signature of Signing Officer or Director

Date