

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735333

FILED  
Apr 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

23312 HARPER AVE  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

23312 HARPER AVE  
PORT 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 ( )**

**Name and Address of Current Registered Agent:**

LUCE, EDWIN L  
23312 HARPER AVE  
PORT CHARLOTTE, FL 33980 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D ( ) Delete  
Name: CULLEN, MIKE  
Address: 23194 FAWN AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33980

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

Title: D ( ) Delete  
Name: JACQUES, ED  
Address: 182 CHELSEA CT.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: P ( ) Delete  
Name: KOLDHOFF, BOB  
Address: 2157 ARCHILES AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: EDWIN L. LUCE

TREA

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date