

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90020 015 ****61.25

DOCUMENT # N05000001718

1. Entity Name
TEAM PUNTA GORDA, INC.



Principal Place of Business
**252 W MARION AVE
SUITE 121
PUNTA GORDA, FL 33950**

Mailing Address
**252 W MARION AVE
SUITE 121
PUNTA GORDA, FL 33950**

60024086



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-2375899

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCRORY, JILL C
99 NESBIT STREET
PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PETERSON, ROGER
STREET ADDRESS 3651 ARUBA COURT
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE VD ☐ Delete
NAME KERR, TOM
STREET ADDRESS 1355 WULFET COURT
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE SD ☐ Delete
NAME MCCRORY, JILL C
STREET ADDRESS 99 NESBIT STREET
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE TD ☐ Delete
NAME KOCH, REX
STREET ADDRESS 225 WEST VIRGINIA AVENUE
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D ☐ Delete
NAME THOMAS, MARILYN
STREET ADDRESS 1410 KITTIWAKE DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D ☐ Delete
NAME CALLWOOD, ANNA
STREET ADDRESS P.O. BOX 494733
CITY-ST-ZIP PORT CHARLOTTE, FL 33949

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME ~~Dee Papa~~
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Bill Hughes
STREET ADDRESS 3380 Tripoli BL
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D ☐ Change ☒ Addition
NAME Dee Papa
STREET ADDRESS 1434 WREN COURT
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D ☐ Change ☒ Addition
NAME George Guttschalk
STREET ADDRESS 600 Candia Court
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE D ☐ Change ☒ Addition
NAME Claire PHELEN
STREET ADDRESS 556 Toulouse Dr.
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08 941-639-1158
Date Daytime Phone #