

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004227

FILED  
May 07, 2012  
Secretary of State

Entity Name: PUNTA GORDA TEA PARTY, INC.

**Current Principal Place of Business:**

540 MACEDONIA DR.  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 62  
3941 TAMIAMI TRAIL #3157  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

SCHAFF, PAULA K  
540 MACEDONIA DR  
PUNTA GORDA, FL 33950    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:                      PRES  
Name:                      SCHAFF, PAULA K  
Address:                      540 MACEDONIA DR  
City-St-Zip:                      PUNTA GORDA, FL 33950

Title:                      VP  
Name:                      MACRI, LOUIS  
Address:                      1475 ALBATROSS DR  
City-St-Zip:                      PUNTA GORDA, FL 33950

Title:                      MGR  
Name:                      BIGELOW, WILLIAM  
Address:                      22540 BOLANOS COURT  
City-St-Zip:                      PORT CHARLOTTE, FL 33952

Title:                      TREA  
Name:                      DALLENBERG, JACQUELINE  
Address:                      403 ENCARNACION ST.  
City-St-Zip:                      PUNTA GORDA, FL 33983

Title:                      MGR  
Name:                      ZEHR, MARK  
Address:                      25300 TETHER LANE  
City-St-Zip:                      PUNTA GORDA, FL 33950

Title:                      MGR  
Name:                      METYK, MICHAEL  
Address:                      246 E. TARPON BLVD.  
City-St-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: PAULA K SCHAFF

PRES

05/07/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date