2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003938

1. Entity Name
DO THE RIGHT THING OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
38840 STATE ROAD 80 BELLE GLADE, FL 33430	38840 STATE ROAD 80 BELLE GLADE, FL 33430

DO NOT WRITE IN THIS SPACE

01062005 No Chg-N CR2E037 (03)

4. FEI Number
NOT APPLICABL

☐ Applied For
☐ Not Applicable

5. Certificate of Status D ed ☐ $8. Fee 5 Additional quired

6. Name and Address of Current Registered Agent

BAIR, MICHAEL C
38840 STATE ROAD 80
BELLE GLADE, FL 33430

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sta of F a. I am famil with, and accept the obligations of registered agent.

SIGNATURE Michael C. Bair
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, 2005

9. Electi n Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAWKINS, JEFF
STREET ADDRESS	349 S MAIN ST
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	S
NAME	ZACCAGNINO, KAYE
STREET ADDRESS	2256 BACOM PT RD
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	TD
NAME	BAIR, GLENN
STREET ADDRESS	1037 TABIT ROAD
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	MERICANTANTE, JOHN
STREET ADDRESS	1200 E. MAIN STREET
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida St ites. 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael C. Bair 4-10-05 994-1470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytim